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NURSING AMONG DEEP-SEA FISHERMEN

BY WILFRED GRENFELL

Superintendent Royal National Mission

"THE Royal National Mission to Deep-Sea Fishermen of England," in spite of its cumbrous and unwieldy title, has achieved some measure of success in a field of labor in which, if anywhere in the world, things clumsy and unwieldy are at a discount.

The Mission's object is described on the port and starboard bows of its thirteen sailing- and steam-ships as being to "Heal the Sick" and "Preach the Gospel." I use the singular, for in its peculiar fields of labor these terms are practically synonymous.

The first hospital ship for the benefit of deep-sea fishermen was launched in 1889. She was intended to further the Kingdom of God on earth among those vikings of to-day exposed by their perilous calling to almost every physical danger, and to extend some of the blessings of civilization in their times of need. Like almost every errand of mercy undertaken in the old country during the last century, the Mission received not only the personal sympathy and monetary support of Queen Victoria, but the vessel received her name and personal inspection. The success of the enterprise soon caused this small floating hospital to be followed by a consort called the Albert, and later by a third and fourth boat of similar type. They were ketch-rigged vessels of one hundred to one hundred and fifty tons burden, British oak hulls, copper-fastened, teak-decked, and iron hatches, to enable them to meet with impunity the devastating "nor'easters" of the German Ocean.

These large British fisheries are carried on by fleets of sailing-smacks under a fishing admiral, and were permanent institutions at sea all the year round, only now and again one vessel coming out from home as another returned to refit for a fresh voyage. The lives of these men were spent out of sight of land.

About 1890 fishing owners began to realize that fish were growing scarce on the grounds near home, and that delays, caused by calms or head winds, to sailing-vessels on their way to and from the fleets were making them unremunerative.

The small, fast steamer, which carried the daily catch from the fleet to the market, caught as much fish in one night as the sailing-vessels in three. The owners therefore made experiments with steam trawlers, which proved so remunerative that a revolution almost broke out, and the once dainty and picturesque sailing-fleets were gradually replaced by grimy but ever-busy steamers. To keep pace with the change, the Mission was forced to alter its policy, and in 1900 the steam hospital trawler Alpha was launched. Like most of the Mission's vessels, she helped to defray her heavy current expenses by sharing in the labors of the fishery with those she was stationed among. Since then two more hospital steamers have been added in the home waters.

Only on rare occasions, and then for very brief periods, has the nursing on these vessels been undertaken by women. The reason was by no means for lack of volunteers, but simply the exigencies of the work.

The in-patients are never kept longer than absolutely necessary, being transferred to shore hospitals at the earliest opportunity. The fishing-fleets are seldom more than three- or four-days' journey from the land, except on the Icelandic grounds, and there fleeting has not been found sufficiently remunerative to make the fleet a permanency.

The nurse on board has always been either the doctor himself or a male attendant, signed on the articles as "hospital hand," but who is at all calls—a veritable handy man.

As our clientèle is exclusive of women and children, as span space on the vessel is as valuable as gold, and as span accommodation for nurses materially increased the difficulties of the problem of how to get necessities into the space, and it is not consistent with her office as a fishing-boat to indefinitely enlarge the vessel, it has been found best to employ male hands for hospital assistants. It is only fair to say of these men of the sea that though large of limb and clumsy of gait on the land, they can be as gentle and deft as women when afloat.

In 1892 a sum of money was offered the Mission to extend its efforts for the benefit of fishermen across the Atlantic, and the Albert was dispatched to the coast of Labrador with a medical officer on board.

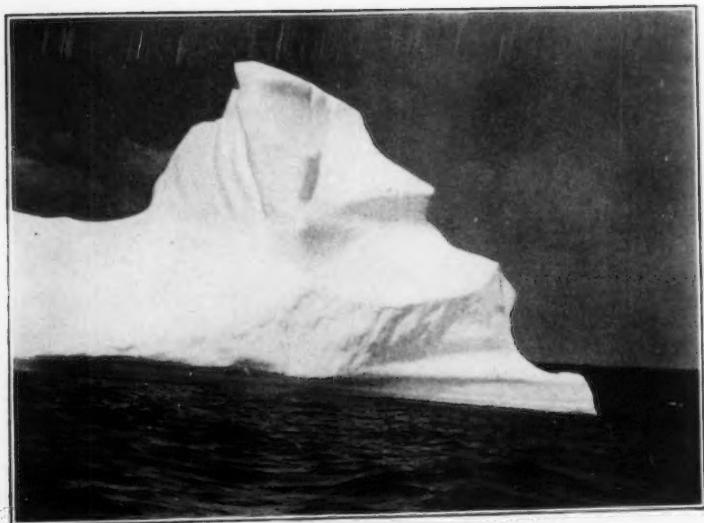
The fishing there extends over a coast-line of about one thousand miles. The fisher-folk are mostly Newfoundlanders, who every spring swarm to the coast in every imaginable kind of craft. Men, women, children, nets, boats, salt, barrels of beef, pork, flour, molasses, goats, fowls, dogs, and such like are huddled together in indescribable confusion in the



MISSION HOSPITAL STEAMER STRATHCONA WITH BOATS ALONGSIDE FOR MEDICINE,
NEWS, ETC. TAKEN AUGUST, 1901



SOUTHERN ESKIMOS ON THE HOSPITAL STEAMER STRATHCONA



A HOSPITAL VISITOR, AUGUST, 1901



BESSIE AND FREDDIE BLAKE. TAKEN AT ENFIELD, N. H. TWO ORPHAN CHILDREN
SENT TO NEW HAMPSHIRE

holds and cabins. The people would total up to some thirty thousand, inclusive of a few Nova Scotians and of an occasional Gloucester banker working the great halibut banks off the east coast, and which is driven to seek shelter or medical assistance. These, with the scattered residents, numbering some four thousand whites and fifteen hundred Esquimaux, form the quota on which we practise.

The first cruise revealed to us the fact that the different conditions of this fishery involved at least one shore hospital to relieve the congested cabins of the ship and enable her to be free enough to cover so large a coast-line in any efficient manner and in any adequate way cope with the serious cases. Thus, this first year a localized epidemic of diphtheria, which caused twenty-seven deaths, received no attention at all, it having, as it were, burned itself out before it was even heard of by the hospital ship, which was delayed on another section of the coast. To be more exact, the victims had received local treatment. One unfortunate parent, whose whole family of three boys had perished, told me he had applied salt herring outside the throat to blister it, and had greased the inside with a candle to "break the velum."

In the fall of the year the ship recrossed the Atlantic, and in the spring of 1893 brought out the first two nurses, Miss Cecilia Williams and Miss Ada Carwardine, both trained at the London Hospital, with two additional doctors. Miss Carwardine was landed on an island on the north side of the entrance to Belle Isle, called Caribou Island. Here a house had been obtained for a small hospital, and as many things as could be collected in so desolate a place enjoying such poor facilities for transportation. With the aid of these, to her lasting credit, Miss Carwardine equipped and carried on a small hospital until the approach of winter drove the staff from those inhospitable shores.

A small wood hospital in frame had been sent down to an island two hundred miles farther north at the entrance to Hamilton Inlet, and with the hospital a fair supply of material. Unfortunately, rough weather prevented the small mail steamer from landing the framework on the occasion of her first two visits. It therefore continued to cruise the coast until too late in the year to be ready for use. Nurse Williams therefore remained for the season on the ship. A small steam launch was also added this year to the strength of the Mission, and this has since been replaced by a larger one, while the sailing hospital ship has been itself replaced by a properly equipped hospital steamer of eighty-seven tons, carrying even a ten-inch X-ray apparatus. This was largely the gift of the High Commissioner of Canada, who had lived for many years on the Labrador coast. The ship was named the *Strathcona*.

The hospitals have gradually become, instead of mere appendages to

the ship, the mainstay of the work out here, and at the present moment a third and larger one is in process of erection on the north coast of Newfoundland close to the south side of the Straits of Belle Isle, while the capacity of each Labrador hospital has been nearly doubled by additions.

As a side issue to the main work a series of small coöperative stores have been started to assist in ameliorating the condition of trade by inaugurating a cash system, a universal and abominable "truck" system having hitherto blighted the coast. A small lumber-mill on a similar basis has also been started to assist in giving work in winter when the sea is frozen.

Returning to the subject of our paper, the work of the nurses, it is clear that one of the chief interests in this work from the point of view of the nurses consists in the variety of duties imposed upon them. A nurse is compelled to undertake duties which call out many faculties necessarily unused where supplies in emergencies can be obtained for money. Thus, when the hospital range unexpectedly failed at the northern hospital Nurse Williams had to cook for three months with the assistance of an iron pot for barking nets on a wood fire among the rocks outside the hospital, and had to keep a patient in a hot bath for three weeks, the water-supply being derived from a large tar-boiler borrowed for the purpose. There is a melancholy satisfaction, a selfish one, possibly, that the nurse shares with the doctor, in being the best of her kind available, seeing she is the only one for hundreds of miles—the only resource for skilled help for so many splendid specimens of the Anglo-Saxon race.

Again, *everything* one has really learned is realized as a valuable addition to one's stock in trade, and it is then one begins to appreciate the value of a thorough training and to be grateful for any opportunities of acquiring knowledge. Incidentally one learns often how ignorant one really is in practical matters. A knowledge of how to convert the only available, generally unorthodox, and often unpalatable article of diet into something calculated to tempt the jaded appetite, without injury to the constitution, of some sick man is a gift of Providence. Thus, in an epidemic of typhoid fever among our Esquimaux patients we were enabled to successfully diet them on seal-blubber. The nurse has also plenty of scope for genius in turning to account the crude material that the country provides for additions to her nursing staff. Nor is it an easy matter at first to order for twelve months ahead supplies for a hospital sufficient in quantity without waste on so strictly an economical basis as the available funds permit. For, in addition, the nurse must be able to afford to send away with many of our patients, who are so often terribly poor, both a stock of clothing and some form of nourishing and easily assimilated food.



THE NURSE RIDES IN A BOX LASHED ON THE KOMATIK. SOME HOSPITAL DOGS,
KITE AND ROVER



THE DOCTOR ON HIS ROUNDS. TWENTY MILES TO SEE A PATIENT. TEN TO TWENTY DOGS



THE SHORE HOSPITAL



THE DOCTOR ON HIS ROUNDS

At times, when severe operation cases have to be watched day and night, the doctor is called on to keep alternate vigils with the nurse. It is then a surgeon learns what modern, bold surgery means both to nurse and patient, and thinks twice before advising severe operations that do not offer materially compensatory benefits. My own first experience of a night-watch with a gastrostomy patient for carcinoma of the oesophagus made my previous respect for nurses amount almost to veneration, as the low moaning of the patient made the dismal hours of darkness in that lonely ward away in the bleak regions of the inhabited earth a very climax of gloom. One realizes then what the thing means,—the gentle hand, the quiet tread, the hushed room, the subdued light, the deft arrangements for warmth and pure air, the spotless cleanliness of the white linen, the knowing exactly what to do to best relieve the parched mouth and racked body, the little but invaluable adjuncts that modern science offers to suffering humanity. It has more than once been my lot, when travelling in winter between the small settlements, to appreciate the converse: to be called to operate single handed on a valuable life in a crowded hut, filled with noisy children, with only a wood screen that separates the tiny living-room, which serves the whole family for all purposes, from the still tinier one that serves them all for sleeping-quarters; where noise is ceaseless, ventilation impossible; where every amenity is unattainable; where the temperature must be either roasting or freezing; where the frowzy filth of the scanty, unwashed, much-patched bedcovering renders asepsis hopeless, and the solitary cracked basin and mean rag towel form the entire complement for all ablutions—which things serve as a subdivision for a sermon on the gospel of nursing. But even these grim deficiencies afford an occasional amusing aspect. Thus, on one occasion the weary surgeon, having decided it was safe to husband his energies by lying down during his watch by a patient whose breast had been removed for scirrhouus cancer, attached a string to his big toe, leaving the other end around his patient's wrist with injunctions to pull if necessary. He had scarcely dozed off when he was startled by a violent traction, exerted by his not unmuscular patient. Hurrying to the bedside, he was informed, "I thought you would like to know I have had a good sleep, doctor." He would not tell us what he answered.

It was soon found impossible to close both Labrador hospitals in winter and leave the unfortunate residents, who were fast learning to appreciate the possibilities of skilled help, without a single resource during the many months they are cut off from the outside world by the sea of ice. So the southern hospital was stocked against winter. A doctor was left to travel the coast, and Nurse Carwardine to hold the hospital as a city of refuge for all comers. Though the nurse had fewer patients

during the winter, the actual tax on her capacities was much greater and thus made her work proportionately more enjoyable. She was not infrequently called on to exercise all the functions of the absent doctor.

Nine-years' experience has shown how well they have succeeded. Any possible monotony is relieved by occasional calls for her services at a distance from the hospital. She has then to trust herself to dog-team and komatik, over snow-covered hills and frozen arms of the sea, or to don snowshoes and fur robes and tramp through wood and dale to wherever she is needed. Thus, on one occasion Nurse Carwardine travelled as far as St. Paul's River and back on the Gulf of St. Lawrence, when diphtheria was raging. She covered a distance of two hundred miles. And the nurse should know how to handle a boat in summer as well as a dog-team in winter in Labrador.

Odd times are filled up in the mission-room with classes for all ages and sexes, for instruction in everything and anything, from the three R's through cooking and needlework to mothers' meetings and Sunday-school classes. By visiting from house to house she can do much to make life happier and brighter for those around her. Every year scattered friends have been good enough to remember these out-of-the-world people with discarded toys, books of all sorts, second-hand garments, and varieties of odds and ends, all of which find a place in a country like this. The oversight and distribution of these fall eagerly to the nurse. She thus mixes the functions of Dorcas, Grace Darling, Miss Nightingale, and others. If ever there were an office of "Pooh Bah" occupied by a woman, it seems to me it must be that of hospital nurse to the Labrador Medical Mission.

HOW CHRISTMAS CAME TO THE WARD

By LAURA E. COLEMAN
Boston City Hospital

SHE was a little girl of eleven years, made far older, however, by contact with life and its hardships, but beneath all lay the hopes and fears of a little child, as yet an unproved dream.

Until after her serious operation she was very uncomfortable, so we were not at first surprised when the interest which always greeted our efforts at making our little patient comfortable and happy was not shown.

The only child in a ward of women, we hoped to find in her the necessary bit of sunshine which only the presence of a loving little child can lend to a ward; but despite our most earnest efforts to win a smile, her responses were monosyllabic and the tone more abrupt than polite.



INTERIOR OF SHORE HOSPITAL



INTERIOR OF SHORE HOSPITAL

Surely we must win her by persistent love and kindness. By degrees we purchased her confidence with a bit of bright ribbon for her hair or a pretty picture.

"Shall the ribbon be blue or pink?" we smilingly asked.

"Ain't going to have none," she replied with a wistful glance.

"Yes, indeed, you are, and I think pink the very color you like."

Then for the first time a suspicion that we really meant it dawned in the serious brown eyes.

The ribbon was pink, and was quickly followed by a pretty blue one, until she slowly came to believe in our word of honor and us.

As Christmas drew near we tempted her to be more patient when her painful dressing was done by telling her stories of Christmas and Santa Claus, and the reward that awaits all good boys and girls at that beautiful season, but on this point her credulity was not easily won.

The interest in her conversion became general, and a kindly doctor even looked up the wide fireplace near her bed to see if dear old Santa Claus could get down with his pack of dolls and toys.

When he declared that, though there was no snow for the sleigh and reindeers, the dear old chap would surely come, perhaps even in an automobile, she became intensely interested and her faith grew rapidly.

A few days later, however, we found she had grown quiet and sad. After some coaxing as to the reason, she said with a half sob, "There ain't no Santa Claus, 'cause the other boys and girls said there was and I hung up my stocking lots of times and never got nothing in it."

Then we found that she had never even possessed that joy of joys to a little girl, a doll.

Every patient became interested. The aged helped to raise her expectations by tales of the Santa Claus whom they had known in the happier, long-ago days, while the younger convalescents begged to do something to help us make a little girl truly happy, and to establish her faith in the good old saint.

We made a stocking of canton-flannel as wide as the material and proportionately long, the sewing being done by a young woman who had reached the luxury of three pillows. She embroidered it prettily in red with "Merry Christmas" and the name, "Veronica."

Each one vied with the other to make this a truly happy Christmas to our now expectant little girl. The nurses each contributed a doll and toys, and the house doctors came forward with their offerings of jumping-jacks, books, and dolls.

Then came the dressing of those pretty dolls. Interest ran high. Screens were placed round the beds of the willing seamstresses, for our

little patient had now progressed to a wheel-chair, and the eager air of the ward filled her with great curiosity.

From these loving hands soon evolved shimmering, fairy-like gowns in pink and blue with trains and frills enough to gladden the heart of any little girl. There were dolls of all sorts, brown-eyed, blue-eyed, black, and Japanese, while some even opened and closed their beautiful eyes.

The stocking was a leviathan, and how we enjoyed filling it! A complete suit of clothing, generously furnished by the hospital, from little house-slippers to dainty wrapper, books, toys, ribbons, oranges, candy, and dolls! dolls! dolls! filled it to overflowing, so the most beautiful dolls were pinned on the outside of the wonderful stocking.

After lights were out all the nurses joined in hanging the stocking beside the fireplace, amid the expectant hush of all the patients, whose hearts were filled with the true Christmas spirit, "Good-will to men."

Who can describe the joy of our little hospital child when morning revealed this marvel of beauty in place of the tiny black stocking she had, half doubtfully, hung there the "night before Christmas!" but when she read in large letters her name, "Veronica," all doubt as to its ownership was dispelled.

Then came the beautiful Christmas-tree in the children's ward, which she also attended; but by this time her joy was too deep for expression, though her arms were filled with more books and another doll to love.

After this came the dinner, with its snowy linen, pretty flowers and holly, heaps of oranges and grapes, jellies, and the never-to-be-forgotten turkey, which she was really too happy to enjoy.

The climax was reached when the singers came, and with them a real Santa Claus dressed in red trimmed with white fur, and wearing a long white beard. He stopped and spoke to her, giving her pictures and holly, and passed out to the jingling of the sleigh-bells on his restless reindeers. Her faith was now fully established in Christmas and Santa Claus. All hearts were quietly happy, and we felt that Christmas had truly come to the ward through the joy of one little child.



FIVE HUNDRED CASES OF PNEUMONIA

BY JANE ELIZABETH HITCHCOCK

Member of the New York Hospital Alumnæ Association and Head Nurse in the
Nurses' Settlement, Henry Street

DURING the year 1901 the Nurses' Settlement in New York recorded upon its books five hundred cases of pneumonia, to which the nurses were called either by the family or by different physicians. Of this number forty-seven were sent to hospitals (almost always through the advice and urging of the nurse), fifty-seven died at home,—of these many were cases in which pneumonia had supervened as a complication in scarlet fever, measles, or, not infrequently, chicken-pox, or in which it was associated with meningitis, or was complicated by burns, other injuries, or some chronic disease,—and the remaining three hundred and ninety-six were successfully cared for in their homes.

It may be of interest to the readers of the JOURNAL to review with us this group of patients, their surroundings and circumstances, and their nursing care and management.

The doctors' calls usually come hastily written on a prescription blank, brought by a sympathizing neighbor, and are of the following style:

"DEAR MISS WALD: Kindly send one of your nurses to attend baby —, 204 — Street, top, front, right; pneumonia. The family is poor and unable to give proper care."

The nurse in whose district it belongs makes such a case her first visit, and as she draws near the house, which is one of a solid block of tenements five stories above the basement, she adjusts her bag and her back for a long climb. She enters the kitchen of a three-roomed home, the usual tenement-house dwelling, and before she goes to the patient we may observe all the details of this, which is a typical interior of its kind, showing all the characteristics of taste, care for the little household gods, and love of the tiny home common to the Russian, Roumanian, Polish, and other foreign peoples among whom she works.

The world in general has a mistaken idea that poverty is synonymous with dirt and squalor. While order and cleanliness, according to our standards, are hard to attain by the woman who must be wife, mother, cook, nurse-maid, and laundress all in one, yet they are often found to a remarkable degree.

This little kitchen into which the nurse entered shows thrift and cleanliness in its furnishings. There is disorder, true, but illness, a large family, and the early hour give explanation. White-frilled muslin

valances hang from the mantle over the stove, and each shelf in the shallow closet bears the same white decoration. Plain white muslin curtains are draped back from the window. The deal table is covered with white enamel cloth and a broad white curtain conceals the set laundry tubs. On the open closet-door hangs the copper pots and pans, polished to brightness with ashes and vinegar, and on the little mantel are the brass candlesticks,—the family heirlooms,—often flanked by a large brass tray, pan, or samovar, with which the dollar American clock is an odd contrast.

There are two other doors to the kitchen. One opens into the large front room, which has two white-curtained windows looking on the street and is the family living-room by day, but still bears signs of being the sleeping-room of several people by night. The folding bed is still down, two cots have not yet been put away, while on the floor in one corner are pillows and a mattress from which someone has evidently just arisen.

The third door leads into the bedroom proper. This is the smallest of the three, with its one window opening into the air-shaft. The bed fills just three-quarters of the floor space, the width of the room exactly corresponding to its length. The bed being pushed into the corner, it is impossible to pass around it, and all work has to be done from the one exposed side. The difficulty in changing sheets and caring for a patient in such a position need not be described, yet it is sometimes necessary to bring patients through short illnesses in this inconvenient place. The remaining furniture in this room consists of a chair at the head, a box or trunk at the foot of the bed, and hanging from a shelf against the wall a motley assortment of personal apparel. On the bed are billows of feather-beds and immense square feather pillows. The family wealth is often limited to these feathers, and I have known a mother to pawn her one pillow in order to secure a doctor for the sick one.

In amongst these pillows, covered by some and completely surrounded by others, is the patient, a child of two years. The temperature is 104.5°, pulse 140, respiration 50. The fair, curly hair is tangled and matted, the face and hands sticky with syrupy medicine, while the feet and legs are still soiled with the dirt of the street.

Two days ago little Becky began to be feverish and heavy. The next day she seemed to be suffering from a heavy cold, and by the advice of a neighbor the mother had fastened a strip of salt pork around the throat. Still growing worse, the family became alarmed and sent for the doctor.

The nurse now begins her work, which is plain before her. First, the pillows and feather-bed are removed; then the baby's over-abundant clothing is laid aside. It is a characteristic of primitive people



A TENEMENT-HOUSE INTERIOR



A TYPICAL TENEMENT-HOUSE KITCHEN IN THE
RUSSIAN QUARTER

to be untaught in the matter of getting comfortably undressed into a night-gown. This has to be taught them. Not only the usual clothing, but, with the dread of "catching cold," even extra garments are often piled on the suffering patient, and a thick woollen dress with outer apron and several petticoats may have to be taken off, or a baby relieved of two skirts, heavy band, and canton-flannel gown. Next the cleansing soap-and-water bath is given, one of the cots in the front room put into correct position as to light and air, fresh sheets and gowns loaned, perhaps, by the settlement, and the little one laid there clean and refreshed.

With tactful suggestions from the nurse, the mother begins to see what help she can give, and with the help of the oldest girl she closes the folding bed, puts away the other cot, and makes some attempts at tidying the room.

All this is preliminary to the more definite nursing work, which includes showing the mother how to give the alcohol sponge-bath, swab the mouth, arrange the ice-caps for the head, warm bottles, if necessary, for the feet, and give the medicines and nourishment.

Simple bedside notes are left for the doctor, showing the temperature, pulse, and respiration, the general condition of the child, with a record of the work done by the nurse.

A case of this kind, provided the mother is fairly intelligent in carrying out orders, will need but two visits a day.

At the second visit, late in the afternoon, the nurse repeats her records, gives the cooling bath, sees that all is in order, notes details about food and medicine, attends to the mouth, the nostrils, the ice-cap, and all the little details. The simple enema or the rectal irrigation is hers to attend to, as the doctor expects her to make this her care.

The chart is carried to the doctor at his evening hour by one of the family, thus keeping him cognizant of all changes and saving expense to the family.

The care by night is left to the family if the patient is not alarmingly ill. Naturally the systematic care of the hospital night duty is not thought of. If the patient sleeps, we may feel sure she is not disturbed for medicine or nourishment; if she wakes, we may be certain her wants will be gratified, without much attention to punctuality or regularity, nevertheless the essentials will be done. If the case is serious, and the doctor's orders are stringent, a night nurse is engaged from a reputable registry at the regular rates, and if the family cannot afford to pay her, the settlement does so.

It is surprising how well the majority of patients do with this simple, homely care. After a couple of days a fairly orderly routine is established, windows are coaxed open, the mother or friends have learned

many little procedures, and often develop a surprising quickness at learning. The nurse's records impress them, and the variations of temperature arouse keen interest. Someone invariably inquires what the normal heat should be, and lessons on the need of bathing, fresh water to drink, and pure air are driven in forcibly by the aid of the thermometer when they would otherwise fall on deaf ears.

The termination or continuance of a case bears no relation to the visits of any one doctor, as a nervous, frightened family often changes its doctor two or three times during a given illness, while the nurse continues her work, doing the best she can with frequent change of treatment or conflicting orders. Her influence, of course, is on the side of as few changes as possible.

By far the largest proportion of these pneumonia cases were infants and young children. Comparatively few were adults. The methods of treatment are quite simple, necessarily. Often the first order given by the doctor is for cupping on the anterior and posterior chest. This is often done before the nurse arrives, for, strange as it may seem, the *barber* is a specialist in cupping and leeching among the foreign residents of our neighborhood, and it is he who comes to fill the order for these procedures. The druggist supplies the leeches, and they may frequently be seen swimming in a water-tank in the drug-store. The barber has standing in his window the rows of cupping-glasses and applies them with much vigor, as the purple disks left on the skin testify.

Most in vogue is the alcohol sponge-bath given every hour or so when the temperature is at 102° or over. One physician still uses the old cotton pneumonia jacket in conjunction with cooling baths. We have not been able to conclude that the cotton jacket is of any value so far as the course of the illness is concerned. Adult patients sometimes like the feeling of warmth and snugness which it gives, but patients in general find it an uncomfortable garment, as those left in charge allow it to get wrinkled and lumpy.

A favorite method of reducing temperature with children is the mustard tub-bath. A child's tub is filled three-fourths full with tepid water. Mustard in the proportion of one heaping tablespoonful to a gallon is added. The patient is given stimulant before being placed in the tub; ice is kept on the head and constant gentle friction is applied during immersion. The effect of these baths is felt for several hours, and hence this method has been found most satisfactory in cases where the attendants cannot be depended upon to give regularly the hourly cooling sponge bath.

Another method much employed is that of swathing the chest in a compress wrung out of cold water and covered with oiled muslin. This is

renewed every hour. A damp bed and clothing, however, are apt to result from this system. With all these modes of treatment the ice-cap is a regulation feature.

The question of nourishment is an exceedingly difficult one to solve. There are plans on foot which we hope will put this part of the care of the sick poor in their homes upon a more helpful basis. At present we are doing the best we can with such facilities as we have at hand. Milk and plain soups may be obtained from the free-diet kitchens; with infants and young children, therefore, the question is comparatively simple, but with older children and adults it is more complicated. The cost of kumyss and similar milk preparations is too heavy an item in the expense of an illness, and good buttermilk is not always to be had; then, too few of our patients like it; beef-juice is also expensive and, in a tenement, difficult to prepare.

A small box of cocoa is often carried in the nurse's bag, or a jar of beef extract, with fresh eggs for eggnog and albumin lemonade. Mellin's food, malted milk, and Eskay's albuminized food are useful to a certain extent in varying the diet, and bovinine, liquid peptonoids, and the like are good but expensive. Our supply of jellies for convalescents is never large enough.

The convalescence of our pneumonia patients is not neglected. Visits are often continued after definite nursing is over to warn the family that health is not yet re-established and the danger-line not yet lost in the distance. Then too children and young people may often be sent to the country for a few weeks' recuperation. It is hard to do this for the older ones. In the busy, struggling lives of the poor, rest for rest's sake is difficult to secure. Too often rest comes only after weariness has overcome the will. Rest as a preventive or recuperative agency is practically unknown. It was to provide an opportunity for this need that the house in South Nyack was so generously given. It is called "The Rest," and well does it deserve its name. There our convalescents are given a real rest, such as seldom comes into their lives in any other way. But the house is small, and many wage-earners and burden bearers cannot spare the time to go, and the majority are still compelled to take up once more the stress of living during that delicate period of recovery when they ought rather to be carefully watched and guarded by the loving thoughts of friends.

As many nurses do not have a children's service, it may be of interest to them to observe the run of temperature, pulse, and respiration in pneumonia cases of children, and tables of some of our cases are appended.

BABY GUSSIE—Eleven months—double pneumonia.

Day of illness		Temperature	Pulse	Respiration
Fifth	A.M.	102° F.	125	91
Fifth	P.M.	101° F.	150	90
Sixth	A.M.	101.5° F.	143	95
Sixth	P.M.	101° F.	131	103
Seventh	A.M.	101° F.	134	96
Seventh	P.M.	101.5° F.	135	93
Eighth	A.M.	101.3° F.	138	95
Eighth	P.M.	101° F.	135	90
Ninth	A.M.	101.1° F.	132	91
Ninth	P.M.	101° F.	135	90
Tenth	A.M.	99° F.	143	87
Tenth	P.M.	98.6° F.	151	72
Eleventh	A.M.	100.5° F.	149	75
Eleventh	P.M.	99.7° F.	143	71
Twelfth	A.M.	99.3° F.	126	67
Twelfth	P.M.	99.2° F.	141	60

During the period of high respiration Gussie's pulse was very intermittent. She made a good recovery.

BABY SARAH—Twelve months.

Day of illness		Temperature	Pulse	Respiration
Fourth	A.M.	104° F.	150	40
Fourth	P.M.	100° F.	120	32
Fifth	A.M.	101° F.	151	60
Fifth	P.M.	102° F.	157	66
Sixth	A.M.	100° F.	143	43
Sixth	P.M.	99.7° F.	156	54
Seventh	A.M.	101.1° F.	161	51
Seventh	P.M.	100.5° F.	155	53
Eighth	A.M.	100.5° F.	161	67
Eighth	P.M.	101° F.	164	72
Ninth	A.M.	101° F.	147	79
Ninth	P.M.	100° F.	150	75

This baby had effusion and was sent to the hospital. Recovered.

BABY SAMUEL—One year.

Day of illness		Temperature	Pulse	Respiration
Second	P.M.	102.6° F.	140	40
Third	A.M.	104° F.	142	40
Third	P.M.	104° F.	145	60
Fourth	A.M.	103° F.	146	60
Fourth	P.M.	103° F.	150	48
Fifth	A.M.	102° F.	140	44
Fifth	P.M.	104.6° F.	143	44
Sixth	A.M.	104° F.	151	43
Sixth	P.M.	104° F.	161	50
Seventh	A.M.	104° F.	140	55
Seventh	P.M.	102.7° F.	151	53
Eighth	A.M.	102.5° F.	140	54
Eighth	P.M.	104° F.	140	71
Ninth	A.M.	103° F.	160	48
Ninth	P.M.	99.8° F.	140	59

THE NURSING OF MENINGITIS

BY MARY. A. JONES

Superintendent of Nurses West End Nursery and Infants' Hospital, Boston, Mass.

THERE is probably no disease with which a baby may be afflicted that calls for more patience, tact, vigilance, and loyalty to the physician in charge than meningitis. The very hopelessness of the case renders the family doubly anxious and suspicious.

You are all too familiar with the disease to make it necessary to describe the symptoms of the various types, but one should always bear in mind that these vary greatly in infants from those of adults or older children, and the nurse can do much to assist the physician in his diagnosis by a careful observance and report of the case.

The baby should be kept quiet in a darkened, well-ventilated room, and every care exercised not to hit the bed or otherwise jar the patient, who should be moved or turned with the utmost gentleness. It is a good plan to have an extra crib, the change to which rests the child; he is not disturbed as much while his bed is being made, and his bedding may be more easily and frequently aired. This last is quite important with any baby, and especially so in case of illness which is likely to be long, as in most forms of meningitis. The night-gowns should be made of any soft, warm material, large enough to be removed easily, and never left in wrinkles under the body. From the first one should take every precaution to prevent bed-sores. The child emaciates rapidly, and before we know it the skin over the prominent bones is getting red. This is very true of the back and sides of the head. Even when the child resists our attempts to move the muscles of the neck, he will often turn his own head from side to side until first the hair is worn off, then, unless we are very careful, and sometimes in spite of our efforts, abrasions will occur. A rubber ring is of little use here, as one large enough to relieve the pressure makes the child uncomfortable, while the rubber is irritating. Caps of soft linen, put on early, are often sufficient, or these may be padded, not too thickly, with absorbent cotton, this to be renewed as frequently as it is matted down and no longer elastic. Small, soft rings of sheet wadding may be held in place with the cap, or, if the patient is not too restless, may be simply placed on the pillow under the portion of the head one wishes to protect. Similar rings may be made in various sizes to suit any part of the body where we see there is likely to be pressure. Always avoid getting the rings too large.

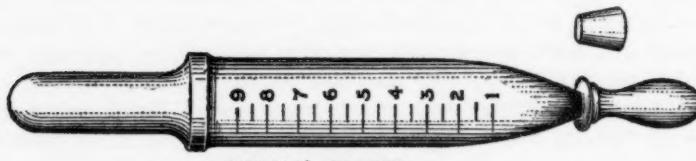
We have found in the hospital that bathing with lime-water and water, equal parts, especially those places in the folds where there is

likely to be any moisture, and dusting with talcum, starch, and zinc, or any inert powder, helps to keep the skin in good condition. Light massage is also a great help. Alcohol should be used sparingly on babies.

With these precautions and frequent change of position we can generally avoid any trouble. Collodion and adhesive plaster as a means of holding protective dressings or pads in place should be avoided as much as possible, as both are irritating to the child's skin.

When the patient is made comfortable, one must look out for his nourishment. This is perhaps our greatest difficulty. The child does not wish to take food, and every effort of ours to make him do so disturbs him and distresses the parents. Nevertheless, we must in some way manage to give him a sufficient quantity to keep up his strength. This will probably be a little less and a little weaker than what the baby would take in health. Whether this is given to him from a bottle, spoon, medicine-dropper, Breck's feeder, or stomach-tube depends on which disturbs the patient least. If one must resort to gavage (and as a rule the child is disturbed less and takes more by this method), the family should be advised not to remain in the room during the process of feeding, for to one not accustomed to this mode it often seems cruel and repulsive. With the babies the tube is generally passed through the mouth; if, however, this is found to excite the child, or if he is unusually restless, a smaller catheter should be selected and passed through the nose. In the latter case the catheter should be lubricated with sweet-oil, vaseline, or boracic-acid ointment, and passed without force, alternating the nostrils in order to avoid unnecessary irritation. A baby will sometimes take and retain several ounces through the tube, at two- or three-hour intervals, and be very little disturbed by it, when he will vomit even very small quantities taken other ways.

For those nurses who may not have seen a Breck's feeder, I will say that it is a simple device consisting of a glass cylinder about five inches



BRECKS' FEEDER

long by one inch in diameter; this is graduated to half a drachm and holds nine drachms. It is so shaped at one end as to allow a small rubber nipple to be fitted to it. The large end has a rubber cot.

By means of a slight pressure on this cot the milk is forced into the

child's mouth without any danger of spilling it or hurting the mucous membrane, as might be done with a spoon if he is very restless, and can be given slowly enough to avoid the danger of choking. To fill the cylinder the small end is plugged with a rubber stopper, the milk poured into the large end, after which the cap is put on, the feeder inverted, and the nipple replaced. This is found very convenient in feeding premature or other weak infants.

I trust that every nurse keeps a bedside record in each case. With meningitis it is absolutely necessary. One is constantly surprised, when a patient is given nourishment frequently, to find how little is the amount taken in the twenty-four hours, and unless the nourishment chart is kept to show us what he has had, our baby may be losing his only chance of recovery. It makes no difference what chart is used for this purpose, whether one of the many good ones on the market or one ruled by the nurse to suit the case, the essential thing is to have the column of totals where the doctor can see at a glance when he makes his visit what the child has had.

The treatment varies according to the severity of the symptoms. There is no specific treatment. Drugs and stimulants are to be given as the doctor directs. Bromide is frequently given in continued doses where there is pain. When there is vomiting, good results are obtained by giving this by rectum to the older children, but rectal injections of any kind are seldom retained by the little babies.

An ice-cap may be applied to the head if it make the child more comfortable. Many babies are disturbed by it, and, as a rule, they do not stand cold well. The temperature seldom requires treatment.

As convulsions are not uncommon, one should ascertain what treatment the physician wishes carried out in case they should occur. Bromides and other sedatives are of little use when once the convulsions have begun. When ether is to be used, make sure it is within reach and the cone ready. A few whiffs are generally all that are required. If hot packs, hot or mustard baths, the articles used must be where they can be obtained at a moment's notice, and not have to be collected when wanted, thereby relieving the family of any unnecessary suspense. Convulsions are distressing to any of us; how much more so to those not accustomed to seeing them, and doubly so to the child's parents?

Otitis media is a very common complication, and as the babies seldom assist us in discovering this trouble by holding the hands over the ear, as do older children, the nurse should be on the lookout for any sensitiveness or unusual discomfort about this region. Often a rise of temperature is the only indication of the trouble until there is perforation of the drum. Then it is the nurse's duty to keep the ear clean. This

may be done by syringing it with warm water every three hours or by wicking it with absorbent cotton, these wicks to be changed frequently. Deafness is generally prevented, where there is a discharge, by thorough cleanliness of the canal.

In case of any skin lesion, such as herpes or petechiae, or a macular eruption caused by bromide or other medicine, the nurse should be ready to explain their presence to the mother, and not leave her to think the child has contracted some other terrible disease.

If lumbar puncture is to be made, the baby's back in the lumbar region is to be washed in soap and water, alcohol, ether, and a weak solution of corrosive sublimate, 1 to 8000, and covered with a corrosive dressing. The needle is generally introduced into the fourth space. There should be corrosive sublimate, 1 to 4000, for the doctor's hands, sterile cotton to be used as a plegget for the test-tube, also articles ready for a collodion dressing, or the puncture may be covered with a corrosive sublimate or sterile pad. The needle and test-tube should be boiled for fifteen minutes. The child is to be placed on his side with knees drawn up on a padded table or other flat surface, and held firmly. The test-tube containing the spinal fluid should be kept, tightly plugged with cotton, in an upright position. If allowed to tip, the fibrin may collect on the side and be overlooked at the examination. It is not the province of the nurse to suggest a lumbar puncture, neither should she in any way prejudice the family against it. For while we cannot say positively that it does any permanent good and is generally done only to assist in the diagnosis, we have seen more than one instance in the hospital where the patient was temporarily relieved by it. For hours and sometimes for days following, the bulging of the fontanelle was less marked, the eyes showed less evidence of pressure, and the general condition of the child was apparently improved.

The patient is at all times to be kept absolutely clean and dry. A drop of milk on the face or corners of the mouth, a little secretion in the eyes or about the nose, are indications to the mother that the nurse is careless, and these things cannot be forgiven when the patient is so ill.

If the child's feet are cold, or he shows signs of collapse and requires heaters, watch them very carefully. A hot-water bottle that would not be uncomfortably warm for an adult or an older child will frequently burn a baby.

When the patient is inclined to scratch or pick his lips, nose, or ears, his hands should be in some way restrained. To pin the sleeves to the napkin or to bind the arms to the sides with a towel usually irritates the child. We have found that a long sleeve which can be drawn over the hands and forearm and fastened securely to the sleeve of the gown, the

other end tied to the crib by means of tapes, prevents his getting the hands to the face, and at the same time allows much freedom of motion. Above all things, let the parents see that you are doing your utmost for the child. If you are getting too tired, call for another nurse, but do not relax your efforts for one moment. The time may be probably coming when the only comfort for the parents will be the thought that their baby was made as comfortable as human power could make him.

HYGIENE OF THE HOUSEHOLD

BY EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 40)

I HAVE an all-abiding faith in the efficacy of the "Gospel of Cheerfulness" for practical use in every-day living.

We are influenced—consciously or unconsciously—by our surroundings, and they often prove to be a great factor in our lives for joy or sorrow. How gladly we welcome to our homes the friend with a cheerful face who persists in looking on the bright side of life, the letter bringing us "good news from a far country," the book with a laugh on every page, or the joyousness of a sunny spring morning which awakens hope and courage in our hearts! And if these trifles impress us so deeply when we are strong and active, how much the more will they influence those who are shut in to a world of suffering.

"Since trifles make the sum of human things,
And half our misery from our foibles springs."

The nurse who possesses a cheery, hopeful disposition will have a tremendous influence for good with her patients, often pouring "the cup of strength in some great agony" which will raise them up out of the "slough of despond" where so many sufferers dwell.

When there is an invalid in the family, how naturally all the brightness of the home life is laid at her feet. The most cheerful seat at the fireside, the brightest books and flowers, and the daintiest morsels to eat become her daily portion, thus illustrating the theory that cheerfulness in every form is essential to the well-being of the sick.

Sunshine is almost a necessity in a sick-room; it is a simple matter to shut it out with shades, blinds, or screens when not desired, and there are few patients who are not the better, morally and physically, for its

admittance into the room sometime during the day,—indeed, in most cases it is a material aid to recovery.

It is not always possible to choose a room in the home that may best suit the invalid. As a rule, the patient will cling to his or her own room, even if not the most convenient; and again, should the illness prove to be a matter of weeks or months, where the larger share of the nursing falls to the lot of the family, all extra work that would be involved by two or three flights of stairs, long passages, or great distance from the bath-room must be considered. However, where it is possible to choose a room beforehand for the patient, let it be a large, sunny room, with good ventilation and as far removed as possible from the living-rooms of the family.

When preparing for a surgical case or an infectious fever especial arrangements are required which we will discuss later, but when the patient is suffering from one of the thousand and one lesser ills that flesh is heir to, and in which a few days' rest of mind and body with tender home nursing often form the basis of the cure, the arrangements of the room are very simple, and the "Gospel of Cheerfulness" may have full sway.

The bed should stand out a little from the wall on all sides to allow the free passage of air around it, a screen being so arranged as to protect the patient from draughts.

Of course, a single iron bedstead is by all odds the best, but in slight cases of illness it is not an absolute necessity. Unless it is unavoidable, do not allow the bed to face a window, as the light falling directly on the eyes for a lengthened period is most injurious. If the illness promises to be a long one, remove all unnecessary furniture and some of the superfluous knick-knacks, as they weary the eyes of the patient and take up a great deal of the nurses' time dusting and keeping them in order. Flowers, however, are never out of place; they fill the room with cheer and brightness and are ever sweet messengers of hope.

A little table on the right-hand side of the bed, covered with a dainty white cloth, is indispensable to hold the many trifles required by the patient. Medicine bottles or boxes should be kept out of sight. In the days of "Sairy Gamp" the sick-room used to present very much the appearance of an apothecary's shop, where rows of sticky medicine-bottles never for a moment allowed the patient to forget that some dreadful concoction was to be poured down his throat at frequent intervals. In fact, as far as possible all appearance of a sick-room should be avoided, and the necessary appliances for nursing kept either in another room or at least out of the patient's sight. Soiled linen should be removed at once, and no empty glasses or dishes allowed to stand about, as they make a very untidy appearance.

Every morning a short time must be spent in arranging the room for the day. After the patient is bathed, as described in the October number, bed changed, and any extra appliances used during the night have been removed, pass the carpet-sweeper softly over the floor (when there is no carpet-sweeper use a small brush and dustpan to gather up the scraps), then dust the room quietly without making any unnecessary disturbance. Immaculate cleanliness in regard to patient, nurse, and room is one of the first principles of nursing. No matter how simple the home, or how little there may be to make the room attractive, perfect cleanliness and good ventilation are always obtainable. When the supply of extra linen is limited, try the experiment of keeping two changes on hand all the time, every night and morning removing the night-gown, pillow-case, draw-sheet, and upper sheet, hanging them to air in an adjacent room for the next twelve hours, thus providing the patient with a refreshing change, and at the same time making your supply of clean linen last a much longer period.

Ventilation of the sick-room is such an important point that, as my space is limited, I will reserve its discussion until next month.

(To be continued.)

WOMANLINESS IN NURSING

BY ESTELLE HALL SPEAKMAN
Graduate Johns Hopkins School for Nurses

THERE is continual need in our profession of cultivating womanliness. By that I mean the character made up of truthfulness and love which is infinite in its tenderness. To this should be added that beautiful common-sense which does the drudgery of life in a spirit of uncriticising helpfulness.

It is not enough to train brain and body for this great profession of ours,—the heart also needs education, and must stand watch at the helm.

That is true sympathy that puts one in understanding touch with the patient's mental and physical sufferings and with those of his relations and friends.

Splendid work can be done in the sick-room without waste of brain, nerve, or muscle under the guidance of divine love.

In the story of the raising of Jairus's daughter, is it not the knowledge of the true sympathy of the Healer with the sufferings of the mother

and father that makes this sick-bed scene so beautiful, this bit of human history so precious to us?

So should we nurses always do our work in this loving spirit, remembering that in the disfigured, diseased condition before us, hidden from our mortal ken, is the beautiful spirit that God loves, waiting to arise like Jairus's daughter—a joy to all.

Our work will lose so much of its drudgery, and we will be saved from so many small mistakes, if we can train our hearts to work with daily loving sympathy and understanding of our brothers' needs. The private duty nurse may be, in God's sight, as truly a missionary as any who go to the Congo.

We need too in institutional work to give less of criticism and more of help to our fellow-workers and teachers. They are all human. We must grow in the belief of the sisterhood of women, and help each other by appreciation rather than fault-finding.

The true woman is a help-meet wherever she goes, and in my thinking the nurse should deem it one of her great privileges to show the dignity and beauty of labor. But too often is the helpful spirit lacking. The failure of the nurse to see and help a little with the household situation, forgetfulness of the nervous strain of the worn-out mother, lack of care for the laundry, the druggist's, or other bills may add gravely to the burdens of the family and bring criticism upon our profession.

Not only helpful with the sick, but with each other, must we be, learning to work together in a noble harmony, making of this new JOURNAL a real bond of helpful fellowship. None so busy but that there may be time for an exchange of suggestions.

In our desire for a broader and higher standing in education, don't let us forget it must be universal,—not for just a few in hospitals or schools, but that the most far-reaching work is that of the thousands of private nurses. From the nature of their work the only way for them to keep in touch with one another is through journalism, and this journalism must appeal to their daily practical needs. Let us make them feel that their work is the very best there is to do,—no less noble than that of the nurse who works upon the battle-field. Why do we mistakenly so idealize the bravery of the warrior as to elevate, as it were, the work of the nurse who cares for him? In this false assumption we seem to sanction war, that hideous manufactory of vice and disease, of moral and physical suffering.

Our nurses must teach as well as tend. They must uphold the ideals of simple, temperate, honest living; they must decry the vanity of mere money-getting, the abuses and dissipations which wreck so many homes.

In womanly strength they can help to spread the higher education, and open the way for a clearer shining of this divine light, the spiritual motherhood that is the gift of God.

THE OUNCE OF PREVENTION

BY DITA H. KINNEY

Superintendent Army Nurse Corps

AT the present time the interest of the nursing profession is so absorbed in the questions of State registration and preliminary and supplementary training that one of the most important stones in the foundations of these magnificent superstructures is completely lost sight of.

The country is to-day full of earnest, intelligent young women who are desirous of preparing themselves to be professional nurses and who are willing and anxious to give the very best that is in them to attain this end, and yet what have such to guide or help them in their quest,—to tell them what the essentials of a proper training are, or to impress them with the importance of securing these? On the other hand, there are numberless hospitals (some of which I could name) which advertise a training-school and recognize no obligation to their nurses beyond the payment of a few dollars at the end of each month. At the close of a stated period—two or three years—the Boards of Directors of these bestow a diploma and a pin upon the poor, duped women whom they have worked nearly to death, and who even yet do not realize that they are and have been nothing but chambermaids. These are then turned loose upon the unsuspecting public as trained nurses. Then follow the just complaints of neglected or abused patients and outraged physicians, and the whole profession suffers.

Where does the fault lie? Where can we fix the responsibility for this monstrous injustice? Surely not with the poor girls, who undertook the work in all good faith, and who have given their time and strength and received nothing in return—who do not even understand what the word training means as we understand it! The awakening comes too late for the women themselves and for the profession when these bring opprobrium upon it by incompetence and unprofessional conduct.

An additional danger which besets the path of these novices lies in the alluring advertisements which appear from time to time in the

papers. The following has been running for some time in one of the most reliable journals in the country, i.e., the *Washington Post*:

LADIES train to nurse—Study at home; wonderfully attractive opportunities and wages; simple, easy; all can learn; our plan indorsed by Chicago's leading physicians, because the only practical one; Pres. Harper, Chicago Univ., indorses correspondence studies; diploma in 6 months; catalogue free. American Correspondence School for Nurses, 169 Dearborn, Chicago.

"Short cuts" are always tempting to youth, and to those with neither experience nor information on the subject what a golden opportunity this seems to offer? There is no one at hand who is qualified to warn them, and the lesson that everything which is worth having must be paid for by a just equivalent in value or effort is often only learned after bitter and disappointing experiences.

Apropos of this matter the *Journal of American Medicine* in its issue of April 27, 1901, says in its editorial columns:

"Nursing schools and diploma mills are springing up with the avowed or concealed purpose of securing diplomas and inclusion in the regularly trained profession before laws shall be passed shutting out such quacks. The nurses of the country should zealously push forward the passage of laws requiring registration and graduation from some genuine training-school as admission to practice. When diplomas (printed in the alluring circulars in double caps), badges, etc., for a certain amount of money may be obtained by correspondence from poor dupes who do not know how to read or write, it is already too late for organization against the shameless humbuggery."

The time has indeed arrived when "the nursing profession should zealously push forward towards registration," and this must, beyond all doubt, elevate the degree of professional education demanded of the various training-schools. But while waiting for this millennium and its still more remote beneficial results, can not—ought not—something be done to protect those who are about to take up the work of trained nursing by the enactment of laws that would make it impossible for a hospital to take everything and give nothing?

Our National Alumnae and Superintendents' Society have their *raison d'être* in the firm purpose which looks to the elevation of the training-schools, their educational standards, and the well-being of the whole profession. It would seem as if the field of their efforts might be broadened yet more, and active measures taken to have fixed by law the minimum degree of educational advantages a school *must* offer before it could be incorporated under the law or be permitted to issue diplomas to its nurses. This is required in other educational institu-

tions, colleges of letters, law, dentistry, and medicine. Why not in nursing schools? Men who are practising law or medicine under diplomas from bogus colleges are prosecuted, if such facts become known. Why should nurses holding similar certificates be allowed to go on unmolested working an unspeakable wrong to themselves, to their patients, and to the whole profession of properly trained nurses?

It is well known that from motives of economy any and all kinds of institutions establish training-schools without any regard to how restricted the field may be from which the nurses must gain their experience—eye and ear hospitals, hospitals for diseases of women, of children, sanitaria for cold-water therapy or electrical treatment, institutions for cure of drug habits and alcoholism. Young women who have served a term in these institutions are given diplomas and take their places in the world as trained nurses. The women themselves do not realize that they have no right to the name.

How best to reach and right this monstrous injustice is a serious problem, and it is possible that in accomplishing this great good to the many hardship will fall upon the few. But even at such a price the object gained is surely worth all it may cost, and all effort and endeavor should be put forth to save the young and earnest toiler who has earned by faithful service the right to an equipment for the battle of life, and who finds herself at the supreme moment, when she is entering the fray, with empty hands.

HOME ECONOMICS

BY ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from page 108)

II.

IT is always well for us to take a broad view of our work and see it in its relations. The one whose idea of the home is comprehended under shelter, food, and clothing will both lack a motive for giving effective help, and will find her power to give it circumscribed.

It is only as we understand something of the meaning of the home, as we see that it is responsible for the development of character and for the formation of high ideals, as we realize that even on the physical side it involves the application of modern science and art, that we are in

a position to contribute to its efficiency. The chart given below suggests in outline the scope of home life:

- I. The Home.
 - 1. Historical development.
 - 2. Relation to other social institutions.
 - 3. Function in society.
 - (a) Propagation.
 - (b) Location and defence.
 - (c) Production and transmission of wealth.
 - (d) Intellectual and social training.
 - (e) Ethical and religious training.

- II. Formation of the Home.
 - 1. The family.
 - 2. The house.
 - (a) Location and surroundings.
 - (b) Domestic architecture.
 - 1. Plan.
 - 2. Foundations and cellar.
 - 3. Plumbing and drainage appliances.
 - 4. Heating and ventilating apparatus.
 - 5. Lighting.
 - (c) Domestic art.
 - 1. Floors and walls.
 - 2. Furniture.

- III. Maintenance of the Home.
 - 1. Care of house for cleanliness.
 - (a) Care of plumbing.
 - (b) Heating, ventilating, and lighting.
 - (c) Removal of dust and dirt.
 - 2. Food.
 - (a) Selection.
 - Food materials.
 - Dieteries.
 - (b) Preparation.
 - Cooking and serving.
 - (c) Dangers.
 - 1. Adulterations.
 - 2. Meat and fruit supply.
 - 3. Milk supply.
 - 4. Water supply.
 - 3. Clothing.
 - 4. Home nursing.

- IV. Administration of the Home.
 - 1. Relation of different members of the family.
 - 2. Training of children.
 - 3. Domestic service.
 - 4. Financial management.

With many of the topics suggested the nurse may have little to do. The development of the home and its work in society is a subject with which the sociologist must deal. Yet we all have homes, many of us help to make them, and we need an ideal towards which to work. Whether the present tendency of the home to shift upon the school and other agencies its responsibility for the intellectual and moral training of the family is a wise one, whether the household industries help to make the home, or whether the laundry work, the cooking, and the sewing should follow the spinning and the weaving to the large centres of production, whether coöperative living is the ideal of the future,—these are all questions that modify our relation to the home and our work in it. We are influenced more by our ideals than we often realize.

The architecture of the house is primarily a matter for the architect.

Yet the plan of the house, its convenience of arrangement, the adequacy of its heating and ventilating arrangements, the dryness of its location, have so real and definite an effect upon the health of its inmates that neither the householder, the nurse, nor the physician can afford to be ignorant of this branch of household science.

That part of the subject which has its most immediate application in our daily living, and in which the nurse will be most often looked to for advice and help, is included under the "Maintenance of the Home." This constitutes what we generally think of as "housekeeping." Even this is not so simple as it seems. The writer who said that "any bright girl could learn all there was of housekeeping in six weeks" certainly did not realize that the housekeeping of to-day, in its possibilities, requires far more knowledge than was available a generation ago. We may, indeed, do the actual work of the house well with no knowledge of chemistry or physics or bacteriology, but, after all, someone must make the application of these fundamental sciences to housekeeping and give the results to others. We may learn the details of housework, but we cannot learn "all there is about housekeeping" in six weeks, or six months, and some of us would be inclined to add, or six years.

In this series of articles we propose to discuss some of the housekeeping problems of to-day in the light of modern science.

(To be continued.)

THE TRAINING OF NURSE-MAIDS *

BY N. E. NAIGHT

Children's Free Hospital, Detroit, Mich.

THE object of this paper is to present a brief synopsis of the history of the Children's Free Hospital of Detroit, and in connection with it I especially desire to bring before you the subject of training of nursery-maids as a branch of our hospital work.

The Children's Free Hospital was organized December, 1886, and incorporated January, 1887. The object, as set forth in the articles of incorporation, is "to care and provide for sick and suffering children, under twelve years of age, whose parents or friends may be unable or unwilling to care for them, and to furnish such medical and surgical aid as they may require."

* Read at the ninth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, at Detroit, September 9-11.

Twelve beds were originally donated and support for them promised. Through the kindness of the trustees of Harper Hospital a ward was set apart for the use of the association. As the work progressed additional beds and rooms were provided, and from this small beginning the present institution developed.

In 1891 the work of the Children's Hospital had increased to an extent demanding larger accommodations and a house was rented on West Fort Street, where the work was carried on, each year finding the amount of good accomplished greater than during the one preceding.

The late Hiram W. Walker in 1896 presented to the association the magnificent hospital building, which he had erected in loving memory of his daughter, Jennie Walker. This building now stands as a monument, not only to the memory of a child loved and lost, but to perpetuate the memory of a man whose whole life was filled with acts of love and charity.

Here the association has found its permanent home. The number of beds has increased to sixty, and the indications are that a further increase will be necessary. Since the beginning three thousand four hundred and ninety children have been received into the hospital and cared for.

The hospital is absolutely non-sectarian.

In June, 1896, the first class for the training of nursery-maids was organized. The requirements call for young women between the ages of eighteen and thirty years—those over twenty preferred, as more thoughtful and capable of better work—who have a good common-school education, good health, and letters of reference relative to the moral character of the applicant.

A term of six-months' training was first decided upon, but after trial was found to be too short for practical purposes, and in 1901 the term was extended to one of nine months. This seems to better meet the needs of both the hospital and pupil, and has proven more satisfactory to both.

The schedule of instruction embraces the following:

1. *Infant Feeding*.—The care of milk; milk sterilization; care of bottles; preparation of food, with rules as to quantity and frequency.
2. *Bathing*.—Daily bath; the use of hot, cold, and mustard baths.
3. *Hygiene of the Skin*.—Care of mouth, eyes, ears, and nose.
4. *Nursery Hygiene*.—Ventilation, temperature, cleanliness, care of napkins, etc.
5. Training of children in proper bodily habits.
6. *Miscellaneous*.—Use of clinical thermometer; making of poultices and cotton jackets; giving of enemata.

7. Simple means of treatment in nursery emergencies.
8. The rudiments of kindergarten work.

At the end of nine months, if satisfactory examination is passed, the nurse-maid receives a certificate. She is then ready to go from the hospital among families, and is capable of assuming a position of trust in caring for young infants or in taking charge of older children.

We have no hesitancy in pronouncing the training-school for nursery-maids a success. It has proven itself. Our greatest difficulty in the work is to procure the right class of pupils, *i.e.*, young women above the average servant class, who appreciate the dignity of labor and comprehend that it is the individual that gives character to the work rather than the work to the individual.

The position of trained nurse-maid is one of responsibility. To the young mother she proves of inestimable value, rendering conscientious and capable service, and bringing to inexperience a feeling of relief and assurance which it is difficult to measure by mere words and can only be expressed from the fulness of a heart overburdened with unusual care.

A children's hospital furnishes the opportunity for a nurse-maid to gain knowledge of this work. In caring for many young infants the nurse-maid secures varied experience. She is taught hygienic methods of feeding and caring for young children. She is taught to distinguish health from disease and to care intelligently for children through mild contagious diseases incident to childhood, and becomes familiar with the symptoms of diseases incident to the babyhood period. She is, while in the hospital, under the supervision of a trained nurse, who explains to her, as far as necessary, the care of sick children, and though the giving of medicine is outside the province of a nurse-maid, she will be able to give a simple mixture specially ordered. In the care of older children her experience is valuable. Having been specially trained in the observance of rules of discipline adds to her capacity of understanding and managing child nature.

The trained nurse-maid does not at any time conflict with or usurp the position of the trained nurse. She has her own sphere to fill, and to it we gladly welcome her.

The demand for the service of trained nurse-maids far exceeds the supply. Nearly all our nurse-maids secure engagements before they leave the hospital work.

The twentieth century heralds an era of progress along all lines of work, and the trained nurse-maid is ready to take her place among the skilled workers. The time demands our best efforts, and those specially prepared to fill that demand will take foremost place.

DISTRICT OR VISITING NURSING*

By MARY E. SMITH

Detroit, Mich.

IN introducing the subject of district or visiting nursing at this meeting of the superintendents of training-schools, it is a matter of keen regret to me that I have had to have recourse to a paper that was originally written only as a part of a discussion of the subject for an entirely different meeting, where a rigid time limit was enforced, which precluded the possibility of elaborating the points brought forward. When your president requested the use of it for the present meeting, my first thought was to refuse it, knowing that it so inadequately deals with a subject that is each day growing more and more important in every city of our land. Though not altogether a new field, I believe it to be one that has a very bright future in store for it, in which many earnest-minded women of our profession may find the passport to their satisfaction in life through their noble efforts to help others to help themselves.

Realizing, however, that many times the discussion which follows a paper is of greater importance in bringing about more desired results than the paper itself, I offer it, in all its meagreness, without apology or further explanation, trusting that each superintendent in attendance at this convention will do what she can to further the interests of district nursing in her own school, and thereby help to provide adequately trained women to take up the work in new places or to follow in the footsteps of those who have done such noble pioneer service in this peculiar field of labor.

To-day the question of district or visiting nursing is one of vital importance in every city, because it has become an educational force. The nurses reach the people during sickness, and so have the best opportunity of forcing home lessons in hygiene and right living that no amount of talking to or teaching under other circumstances could induce them to heed.

Florence Nightingale says: "I do not think there is any human being who may be as useful as a district nurse, if she is helpful without being interfering."

Jane Addams, of Hull House Social Settlement, Chicago, says: "The Visiting Nurse Association has always seemed to me to be free from some of the faults found in organized philanthropic effort, and to be managed with wisdom and care."

* Read at the ninth annual meeting of the American Society of Superintendents of Training-Schools for Nurses, at Detroit, September 9-11.

Just here I wish to emphasize the fact that it tends to the preservation of the home, lessens the necessity of institutional aggrandizement, caring for cases that for various reasons either cannot or will not be cared for in hospitals or county institutions, and in a measure thereby prevents crime and pauperism.

The older associations have proved beyond the shadow of a doubt not only the wisdom, but, I would add, the necessity of employing only graduates from our best training-schools as visiting nurses. Tact, courtesy, and refinement are as necessary to the visiting nurse as the more or less mechanical skill she has acquired in the performance of routine duties in the sick-room, if she is to meet and overcome successfully the ignorance, prejudices, and superstitions of patients and their friends. Having proved by experience that the best are none too good for this peculiar work, it is imperative that we who have assumed the responsibility of directing the affairs of such an association shall put forth our best efforts to secure only such women for the active work as shall come up to the high standards we have raised. Vacancies are constantly occurring on the working staff of every visiting nurse association, and many times these are most difficult to fill quickly and well. How best to meet these emergencies is a problem each board must solve either systematically or as best it can, when these occasions arise. It will be generally admitted that it will be best done, if done systematically. I therefore suggest that each association, as soon after organization as possible, shall employ a trained superintendent of nurses, with an office situated in the same building as the central offices of all the charity organizations of the city. Having a central office in such a place would be a most effective way of making our work and its needs known to many people, besides securing often needed coöperation from other branches of charity work without needless loss of time to the nurses themselves or to members of the board. I would suggest, in addition to this, that the board, through this superintendent of nurses, offer the officials of one or more regular hospital training-schools in the city the privilege of training in the district work a limited number of their senior students. This supply would be constant, and would have its economic advantages, as well as be the means of securing a larger number of specially trained women to select from in the future. This would not interfere with accepting graduates for a similar training if any desired to take it. Under this arrangement the regular working corps of nurses would be graduates from good training-schools, just as at present; in addition there would be a limited number of responsible senior students from one or more of our best training-schools given the opportunity of training in this peculiar work. Thus, the people, whose best interests we are

trying to serve, would not only be as well taken care of as at present, but as the work grows we would be able to select especially trained women for all increase in our permanent staff of nurses. The Detroit Visiting Nurse Association is a comparatively young organization, its fourth annual report having just been issued. The members of the Executive Board feel that while the work has increased rapidly, the growth has been natural, and they have been able to meet the new conditions satisfactorily. An especial interest is taken in the home life of its staff of nurses, and the board feels that the high standard of work maintained by them, their increased zeal, and fine esprit de corps are due almost as much to this feature as to their high sense of professional responsibility. Perhaps the most distinctive thing that has been done has been to send one of the nurses each year, at the expense of the association, for a month's observation and inspiration into the district work of another city. Last year the time was spent in the Nursing Settlement of New York City, under Miss Wald. This year it has been in Chicago, under Miss Fulmer. From both places they have returned filled with enthusiasm over the different phases of the work they have had the opportunity of studying. This experience has not only widened their horizons, but has been a direct benefit to the patients and to the board, whose interests are better served by their greater knowledge of present conditions, and by the larger understanding they have gained of possible development in this wonderful charity. So convinced are we of the triple benefit derived from this course, that on behalf of our Executive Board I would say that we will be only too glad to offer the same courtesy to others desirous of studying our methods that has been so generously extended to us by the workers in New York City and in Chicago.

SCHOOLS FOR CRIPPLES IN NEW YORK

BY DILLA DIEHL CRAWFORD

THE teaching of crippled children was started in New York some four years ago by the efforts of one earnest Christian woman who was herself a cripple.

During that time the work has spread considerably, and there are now five schools located in different parts of the city. The object in organizing these schools was to reach those children who, having been discharged from hospitals, were unable to attend the public schools owing to their physical infirmities, and without these schools would receive no educational advantages. The one in which the writer is directly in-

terested was founded by Miss Mabel Irving Jones, and is conducted under the auspices of the Children's Aid Society. It was opened in February, 1900, with three pupils, and now has forty-six on the register with every prospect of doubling that number.

The rooms provided are ample and commodious, and the school furniture is arranged and adjusted to secure the greatest ease and comfort of the pupils. They are conveyed to and from their homes in a softly cushioned rubber-tired carriage, making their daily transportation a perpetual pleasure.

We eliminate, so far as possible, any connection with hospital or dispensary, making it strictly a school; in this way we endeavor to teach our children self-reliance, and urge them, despite their physical disadvantages, to surmount all obstacles and become self-respecting, self-supporting men and women. Being mindful that a sound body is one of the greatest helps in that direction, they are watched carefully, and taken to their respective surgeons regularly and as often as found necessary.

Our children at their best are struggling with pain and weakness, so we have school only in the morning, consisting of two sessions with a fifteen-minute intermission, during which time they have lunch. And it has been with much pleasure that we have noted the gradual improvement, both mentally and physically, under the existing conditions.

The ages of our children range all the way from five to nineteen years, so the instruction in the school-rooms is exceedingly varied and is based on the individual requirements of each pupil, embracing kindergarten methods, primary and grammar grades.

We have a City History Club, classes in type-writing, cooking, and manual training, including a sewing-class, the importance of which would hardly be appreciated without some explanation; four members of this class have the use of only one hand, and yet under the untiring efforts of our volunteer sewing-teacher, Miss Rapallo, they have learned to sew neatly and well. There is also a library started, and several of the eldest pupils are being taught the management of it by an experienced librarian.

Our supplementary work, which is merely a side issue of "settlement work," extends into the homes of our pupils, and it is our pleasure to assist them in various ways, such as providing food, clothing, medicines, and nursing for those that are ill, obtaining work for the unemployed, and relieving distress wherever possible to do so.

Owing to the small number of these schools, the radius of influence may not be very wide as yet, still, they are healthy and helpful along the lines where the greatest lack for these unfortunate children has been apparent.

BOOK REVIEWS

♦ ♦ ♦

THE CARE OF CHILDREN. By Elizabeth Robinson Scovil. Revised Edition. Published by Henry Altemus, Philadelphia.

This most practical and valuable little volume is not written for the use of nurses, but of mothers, yet few nurses can rise from a careful reading of its contents without feeling charged with fresh knowledge of a most useful kind, and brushed up and re-charged with forgotten details and practical points. Miss Scovil has an unusually clear and simple style, and direct, comprehensible manner of teaching.

She says in her preface that when in charge of the "Mother's Corner" of the widely circulated *Home Journal* the many hundreds of letters received from mothers about the care of the baby brought out a small book, "A Baby's Requirements," which was afterwards enlarged to this more complete volume.

Nurses will do well to recommend this book to all who do not already know it. Beginning with prenatal days, it covers the subjects of "Nursing," "Feeding," "Increasing the Food," "Diet after Two Years of Age," "The Food of School Children," and "Diet in Illness." The subject of clothing is then taken up in "The Baby's Wardrobe," "Short Clothes," "Clothing after Babyhood."

"Beds and Bedding" are next discussed, and chapters on "Baths," "Care of Teeth," "Eyes," "Ears," "Hair," "Nails," and "Feet" are most excellent in their practical definiteness. "Ailments," "Physical Deformities," "Diseases," "Emergencies," "Physical Culture," and the "Care of Girls and Boys" complete a book which is the result of years of work and careful study, thoroughly reliable, and very helpful.

GOOD COOKING. By Mrs. S. T. Rorer. Curtis Publishing Company, Philadelphia.

Although the delicious recipes for the entire bill of fare making up the first half of this attractive little book are well worth study, the most interesting and useful portion to nurses is found in the last half of the volume, where Mrs. Rorer, in her "Domestic Lessons," deals at length with the subject of indigestion,—"What Indigestion Really Means,"—how to avoid it and what to eat when you have it.

Food schedules for different kinds of dyspeptics are given, and causes of intestinal indigestion are explained. So few people, even nurses, realize that white bread eaten in quantity produces flatus and constipation, or appreciate the results of drinking an insufficient amount of water.

An unusual feature of this book is a classification of proper foods according to the occupation of the person, and it is interesting to find that sample menus suitable for the meals of an out-of-door laborer are identical with the actual meals set upon the table of a household of district nurses!—upon which, also, they thrive.

We should consider this little book very valuable to the private-duty nurse. It is small and light and can be easily carried about.

L. L. D.

EMILE ZOLA.

The November magazines came out with many and varied comments on the death of Zola. Some gave a sort of amplified obituary notice; others shorter or longer biographical sketches, differing widely in their estimate of the importance of the life-work of the eminent *littérateur*—for while some seemed to lose sight of all that went before the great Dreyfus affair, others made no mention of the incident, but dwelt most on the large production of books of a highly sensational character, as a rule ignoring the purpose of the author in forcing upon the world a series of books that were written neither to please the public nor charm the money out of its unwilling pockets. You may well pass all the others by if you read the *Bookman*, which might almost be called a Zola number, and you are most earnestly recommended to give a very careful reading to Mr. Harry Thurston Peck's paper therein. Here is, indeed, a true appreciation of Zola—man, poet, and sociologist; Mr. Peck is so just and yet so generous, so careful in setting forth the exact conditions that forced the conviction of his calling upon the young man Zola, newly thrown from his fair country home into very sink of iniquity of “the most beautiful and most heartless city of our modern world.”

I only quarrel with Mr. Peck's closing words, “In his (Zola's) death a mighty elemental influence has passed away from earth;” rather say with Pomilia, “No work begun shall ever pause for death,” with a different application of the words. Mr. Peck calls the subject of his paper “a cyclopean panoramic artist.” The expression is suggestive of collaboration, as if Zola, having built his part, had only made way for the next workman, he in his turn to be followed by many another. We lay down the finished paper with a dawning of new suggestions of possibilities of becoming in some small way the servant or handmaid of his or her country, reflecting at the same time how apt we are to forget how far we may be held responsible for our brother's keeping, asking ourselves in something like startled surprise whether we are not “ashamed to fight against sin, the world, and the devil.” For your better understanding I once more recommend the early reading of Mr. Peck's paper.

THE RIVER. Eden Phillpotts.

Eden Phillpotts's latest book, “The River” (Stokes & Co., New York), is claimed by its author to be his best book, which is high praise, considering those that have preceded this one. Like his other tales, the scene is laid in Devonshire, where he carries us and keeps us willing thralls until the book is ended. The book is called for the Dart, which Mr. Sorrow Scobhull in the course of the tale tells us is a devil, always crying for the life of some poor mortal,—“Dart, Dart wants a heart.” We seem to walk into the “Ring o' Bells” and sit down with Gammer Sage beside the fire which had never been quenched in thirty years and hear her spoil trade, as she repeatedly does in the interest of her customers. A man calls for a pint unusually early in the morning. “A pint! Why so much so early?” “I'm very much under the weather, ma'am. My misfortunes do gain upon me so cruel that be blessed if I know where they will end 'pon fifteen shillings a week.” And then he explains that his desperation is due to a warning of increase in his family, and he demands of the landlady, whose name signifies “wise,” what he shall do.

“Do,” answers promptly and with sternness the lady,—“do what the Lord done with the rain after Noah's flood—stop it.”

“Twas like this,” says the dissatisfied parent. “Us was set on a man child

from the first, an' us had to fill the house to get un—five maids running, in fact; then my old woman lost heart, an' beginned to talk 'bout Providence, as females will do when they 'm crossed. So I comforted her with the bravery of a man. 'Damn Providence!' I said to her in my courageous way; an' be blessed if the next wasn't a bwoy!"

"Beer won't help you, anyhow," says the landlady, admonishing the parent that he has "an immortal young sawl budding for earth, and 'tis your duty to launch it 'pon the pilgrimage so well as you can" give it every chance."

Simple characters like these make up the tale—the hero the simplest of all. I do not know whether you would call it a good ending,—I think so,—for we leave Hannah and Nicholas with a perfect understanding between them at last, though he leaves her the other man's widow to the end of her days.

M. E. C.



COLDS.—This was one of the subjects of discussion at the October meeting of the New York State Medical Association. Dr. James J. Welsh, New York, thought that cold was only a predisposing factor in these cases, microbes being the chief element in the affection. At the beginning of an ordinary cold in the head the serous flow was an effort of nature to relieve the congestion and eliminate the infection, hence it should not be interfered with at this stage.

Dr. George F. Cott, of Buffalo, said that while cold was a separate disease in the minds of the laity, to physicians it always meant a condition secondary to something else. A person with nasal polypi, for example, would complain of almost constant stuffiness of the nose, one with an enlarged lingual tonsil became hoarse after very slight use of the voice in singing.

Dr. A. Alexander Smith, of New York, took up the treatment of colds. He thought some colds in the head are communicable, and that isolation might sometimes be a useful protective measure. Cod-liver oil was a good preventive for those who were in the habit of constantly catching cold. If the temperature was over 100° F. he insisted on the patient staying in bed, or at least in the house. A moderate dose of quinine and Dover's powder at night, followed in the morning by a laxative, would cut short some colds. A hot mustard foot-bath increased the comfort of the patient. Rhinitis tablets were effectual if taken early, but persons susceptible to belladonna should be careful in using them. The alkaline treatment was often satisfactory, one dram of bicarbonate of soda in half a glass of water with a few drops of lemon-juice. Camphor internally and by inhalation often yielded good results. He was not a great believer in local treatment, though he admitted that irrigation with saline solution was often useful. It was, however, dangerous except in skilful hands. When colds showed a tendency to recur he advocated tincture chloride of iron in large doses for two or three days, also cod-liver oil, quinine, or the vegetable bitters. Sometimes change of climate was the only cure.

Dr. W. Freudenthal, of New York, objected to calling everything an infection. A common cold, he thought, was nothing else than the effect of the lowered temperature on the human system. The dry air of houses caused a chronic post-nasal catarrh which at times increased. To overcome susceptibility to catching cold, overdressing should be avoided and cold baths taken.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



ARTIFICIAL FEEDING OF INFANTS.—Dr. Rotch, who is perhaps one of the greatest authorities on this subject in America, says in the *Journal of the American Medical Association*:

"When it is desired to carry out milk modification at home, the greatest efforts should be made to procure fresh milk of uniform character. As soon as it is obtained it should be put into a quart fruit-jar on which the top should be fastened tightly. The full jar must be kept for the next six hours constantly tight at a temperature of approximately 35° F. At the end of this time the cream will be at the top of the jar. If the upper fourth is now separated from the rest, the needed cream and skimmed milk will be obtained. This separation, according to Davis, is best accomplished by siphoning off twenty-four ounces, or three-fourths, from the bottom of the jar. The upper fourth, amounting to eight ounces, is left in the jar.

"By observing the foregoing method of separating the milk and cream, any intelligent person can prepare the infant's food by the following table advised by Rotch, which is revised to correspond approximately with the above percentages:

	OUNCES				
	Cream.	Milk.	Lime water.	Distilled water.	Milk sugar.
First week	2	2	1	15	2
Second and third weeks.....	5	0	1	14	2½
Fourth to eighth week.....	7	1	1	11	2½
Two to five months.....	8	0	1	11	2¾
Five to eight months.....	8	2½	1	8½	2½
Eight to nine months.....	8	5	1	6	2¼
Nine to ten months.....	8	7½	1	3½	2
Ten to ten and a half months...	8	8	1	3	¾
Ten and a half to eleven months.	8	12	0	0	0

"These proportions give twenty ounces to each mixture. Sufficient should be prepared to last twenty-four hours and divided into the required number of feedings. These should be stoppered with antiseptic cotton and placed in a clean refrigerator.

"For premature infants the following formulæ should be used:

Age (when born)	Fat.	Sugar.	Proteid.	No. of meals.	Amt. at each feeding.
Twenty-eight weeks	1.00	3.00	0.50	24	1 dram
Twenty-nine to thirty-two weeks...	1.50	4.00	0.50	24	2 drams
Thirty-two to thirty-six weeks...	1.50	5.00	0.75	24	3 drams
Thirty-six weeks and over.....	2.00	5.50	1.00	24	4 drams

"Holt recommends the following formulæ for infants two months old, taking twenty-four ounces a day.

R	Top milk.....	3 viii	240	|
	Barley-water	3 xvi	480	
	Milk sugar	3 vi	24	
Or				
	Cane sugar	3 iv	16	|

"The foregoing formula may remain the same until the sixth or seventh month, when the following mixture may be substituted:

R	Top milk.....	3 xix	570	|
	Barley-water	3 xix	570	
	Milk sugar	3 ix	36	
Or				
	Cane sugar	3 v	20	|

A NEW LAXATIVE.—The Philadelphia *Medical Journal*, quoting from one of its German exchanges, says von Hösslin finds purgative possesses many advantages as a laxative. The patient does not become accustomed to it; it usually produces a soft movement, even when there has been much fecal impaction, and small doses serve to keep the intestines in good condition. The regular dose is about one gramme (about fifteen grains), taken at night, but as a persistent laxative half a gramme is often sufficient. The only objection is, it often takes twenty-four hours to act.

PREMATURE INFANTS.—The same journal, quoting from the *Journal des Praticiens*, says premature infants need heat, a warm room, hot baths, and hot bottles. They should be nursed regularly and given water between nursings. If the temperature remains low, an incubator becomes necessary. For gastro-enteritis lactic acid and alkalies are indicated, never salol, opium, or bismuth. Enteroclysis may do good. In dyspepsia the milk should be diluted. In thrush use an alkaline mouth-wash. Oxygen and artificial respiration are to be used for asphyxia and atelectasis (failure of the lungs to expand). Hot baths and stimulants are indicated in jaundice, pneumonia, oedema, biliary infection, etc., but injections of normal salt solution and blisters are never to be given.

THE KING'S NURSES.—The nurses who took care of the King of England during his late illness were nurses who had been trained at the London Hospital.

EFFECT OF REST UPON SEPTIC INFECTION.—In an interesting article in *American Medicine* A. J. Ochsner says that although it is generally theoretically admitted that absolute rest is a most important part of the treatment of septic infections, he has observed that in practice this condition of rest is but rarely secured, and but seldom systematically striven for, except in the treatment of inflamed joints. He reviews the history of fifty-two cases of infection of the hand treated in hospital and extending over three years. In all these fifty-two cases there was not a single death, although many of the patients were brought to the hospital in a very septic condition, with high temperature and pulse and frequently delirious. All those who came under treatment before incisions had been made recovered without deformity or stiffness of the fingers. The treatment consisted in obtaining as nearly as possible perfect rest for the extremity, by placing the patient in bed, applying a large dressing composed of sterile gauze and absorbent cotton saturated with a mild antiseptic solution, the solution

employed most commonly being hot saturated solution of boric acid, to which one-third, by volume, of strong commercial alcohol had been added. The whole dressing was covered with oiled silk or rubber cloth. Even in cases in which only the end of a finger was involved the entire arm to the shoulder was included in the dressing, making motion of the extremity almost impossible. The author says that although the hot, moist antiseptic dressings are probably beneficial in themselves, he is positive that the enforced rest is of equal value. In proof of this he observed frequently that an examination accompanied with much manipulation would invariably result in an increase in the affection, and that unnecessary movements during the changing of dressings would result in the same increase in the septic conditions. What is true in the case of infection of a finger-tip is also true of infection of any other part, and the same principle obtains in acute peritonitis resulting from infection from the vermiform appendix, the Fallopian tube, the gall-bladder, or an ulcer of the stomach. During the war in South Africa the surgeons found that in penetrating wounds of the abdomen, if the patient were wounded while hungry and no food were given by mouth, quite a large proportion recovered, while of those in whom the alimentary canal was not kept absolutely at rest none recovered. The writer concludes his paper by saying that many other instances of this principle can be mentioned, such as the result of strapping in the treatment of mastitis during the beginning of the attack, the use of the splint or plaster-of-Paris casts in inflamed joints, strapping of the chest with rubber adhesive straps in pleurisy, or bandaging the eyes in conjunctivitis; in short, that absolute rest should be the corner-stone in the treatment of all forms of inflammatory conditions in any part of the body.

How NOT TO BE NERVOUS.—Dr. Hugh T. Patrick, of Chicago, delivered an address on this subject at a meeting of the Mississippi Valley Medical Association. He laid much stress on prophylaxis. For preventing nervousness in children, or removing it when present, the mind and body should be toughened. Tough muscles, strong lungs, and a vigorous digestion, the ability to stand changes of temperature and endure pain, enable a child to withstand nervousness. The child who could support disappointment, be crossed without a tantrum, and who habitually obeyed had a bulwark against nerves. To procure this toughness a certain exposure to mental hardship and bodily discomfort is necessary.

In adults a large proportion of nervousness is caused or helped by misdirected energy, misplaced worry, longing for baubles, the fighting of phantoms, etc. To recognize the important things in life was one of the most difficult tasks of judgment for any individual. In conclusion he said: "If you wish never to be nervous, live with reason, have a purpose in life and work for it, play joyously, strive for the unattainable, never regret the unalterable; be not annoyed by trifles; aim to attain neither great knowledge nor great riches, but unlimited common-sense; be not self-centred, but love the good and thy neighbor as thyself."



HOSPITAL AND TRAINING-SCHOOL ITEMS



TRAINING-SCHOOL NOTES

A CENTRAL class for the theoretical instruction of nurses was inaugurated at the Mechanics' Institute in Rochester on Monday, November 17. There were present upon this occasion the committee under whose direction the course has been arranged, consisting of Miss Eva Allerton, superintendent of the Homoeopathic Hospital; Miss Mary L. Keith, superintendent of the City Hospital; Miss Jessica S. Heal, directress of nurses at Dr. Lee's private hospital, and Miss Sophia F. Palmer, late superintendent of the City Hospital. Miss Palmer spoke briefly to the members of the class, outlining the progress of nursing education, and impressing upon them their individual responsibility in making this new method of teaching nurses a success.

The course opens with twenty-six pupils, and will cover a period of three months, including twenty-four lessons in anatomy and physiology, two lessons a week of one hour; six lessons in bacteriology, one lesson a week of one hour, and six lessons in chemistry, one lesson a week of two hours. At the end of this term a second section of the class will be given the same course.

These pupils have passed the probation period, and have been tested as to their practical ability for nursing. They will continue to perform some service in the wards, but will be allowed ample time for study and classes. The course is paid for by the hospitals.

The teachers of the institute are all specialists in their various branches, and the managers of the institute have agreed that the teaching shall be conducted upon lines satisfactory to the committee. The idea of a central school for nurses, where the strictly theoretical part of their instruction should be given outside of the hospitals under trained teachers, was first advocated by Miss M. E. P. Davis, of Boston, but Rochester is the first city to put the plan into operation.

The committee knows that this new method is experimental, and for that reason they are attempting in this first term only as much as they feel confident can be carried out without complicating the administration of the hospitals.

The cost to the hospitals is five dollars a pupil for the three months' instruction as stated.

THE action of the Illinois Training-School in severing its connection with the Presbyterian Hospital is a matter in which so many of our readers are interested, that we give in full a copy of the letter sent by the managers of the school to the Board of Trustees of the hospital, in which the reasons for this action are clearly stated.

"CHICAGO, October 17, 1902.

"*To the Board of Trustees of the Presbyterian Hospital.*

"GENTLEMEN: For the past fifteen years the Illinois Training-School for

Nurses, which we represent, has been under contract to do the nursing of the Presbyterian Hospital in addition to that at Cook County Hospital.

"During all this time our relations have been most agreeable and harmonious, and, we fully believe, mutually advantageous. About two years ago those most intimately acquainted with the work of the two hospitals began to fear that sooner or later we should be obliged to sever our connections with one or the other of the hospitals from two causes: first, the enlargement of both hospitals, and, second, from the greater amount of work imposed on the nurses by the daily increasing demands of the medical staff. These have been so great at the Presbyterian Hospital that it requires three nurses now where two were ample four years ago.

"At the expiration of our last contract, October 1, 1901, it was with considerable reluctance that we entered into another, as we found it impossible the preceding year to furnish the requisite number of nurses without calling in graduates, thus not only increasing our expenses, but reducing our income from special nursing. We had hoped that this demand would lessen, and that we might continue to serve you another three years, but this we now find impossible. We have now in the school one hundred and ninety nurses, and to satisfactorily fulfil the requirements of the two hospitals we should have from twelve to fifteen more. Our home is full to overflowing, we cannot house more pupils even could we manage their training, and we are satisfied that with our present resources no larger number than we now have can be well trained and supervised.

"A school for nurses differs from other schools in that it cannot be handled by classes. Each individual must be separately planned for and her work adapted, not only to secure for her the full training in all departments, but also to fill the requirements of the nursing in the hospitals.

"Our experience teaches us that there is a limit to the executive ability of even the most capable. We feel that this limit has been reached in our school at the present time, and that adding to the number of our pupil nurses is not practicable.

"This decision was arrived at by our board at its July meeting, and the matter left in the hands of the Executive Committee with power to act. This committee was slow in coming to a conclusion, and only reached it after long and careful consideration. At the last meeting of our board, held October 7, the committee reported, recommending the termination of said contract. This recommendation was unanimously approved, and it was ordered that the required notice be given to your board.

"Therefore, following the instructions of the Board of Managers of the Illinois Training-School for Nurses, and in accordance with the terms of our contract with your board, notice is hereby given that on the first day of November, 1903, we will terminate our said contract and withdraw our nurses from the Presbyterian Hospital.

"In doing this we wish you fully to understand that while pecuniary considerations have necessarily had weight in influencing our decision, they have been subordinated to the main fact, that of the impossibility of increasing the number of our pupils so as to meet the present demands of these two large hospitals.

"In closing our connection with the Presbyterian Hospital we do it with sincere regret and with the most cordial feelings towards the trustees and all those connected with its management.

"We assure you of our hearty interest in your hospital and our desire to

coöperate with you in every way, not only in establishing your own school, but in the future work of the hospital.

"Very respectfully yours,

"THE BOARD OF MANAGERS OF THE ILLINOIS TRAINING-SCHOOL FOR NURSES,

"By ELIZABETH D. NIXON, Corresponding Secretary."

THE "tray contest" between the cooking classes of the City and Homeopathic Hospital nurses, held at the Mechanics' Institute in Rochester on the evening of November 8, was a very unique affair. Ten pupils from each class cooked the food and arranged ready to serve five trays, three supposedly for patients suffering from albuminuria, anaemia, diabetes, and a "light-diet" and "full-diet" tray. The judges for the Homeopathic Hospital nurses were Dr. William S. Ely and Mrs. Arthur Robinson, of the City Hospital, while Dr. Bissell and Mrs. M. W. Cooke, of the Homeopathic Hospital board, were judges for the City Hospital nurses. The points considered in judging the merits of the tray were its nutritive quality, adaptability to the disease of the patient, and its appearance. Pretty china, glass, silver, and dainty linen, with a few flowers in harmonious color, made the trays very attractive and artistic, and the cooking, if one was to judge from appearances, was of a most skilful order. Prizes were awarded for the light-diet tray prepared by Miss McCullough and Miss Witmer, of the City Hospital class, and to the anaemic tray prepared by Miss Holligas and Mrs. Parsons, of the Homeopathic Hospital school, and consisted of a subscription to *THE AMERICAN JOURNAL OF NURSING* for one year to each nurse. It was exceedingly difficult to judge between the trays, as they were all so exceedingly well done. There was a large gathering of people interested in the two schools. Coffee was served in an adjoining room, and the occasion was in every way delightful.

THE following young ladies graduated recently from the Training-School of the Hartford Hospital: Miss Minnie Morse, Miss Katherine M. Rutherford, Miss Louise L. Crandall, Miss Mary G. McLaughlin, Miss Amy J. Robinson, Miss Constance Leigh, Miss L. Gertrude Boutelle, Miss Elizabeth Jones, Miss Annie I. Oliver, Miss C. Alice Hunter, Miss Rosalie E. Thieleke, Miss Charlotte N. Page, Miss Carolyn M. Owen, Miss Annie T. Bates, Miss A. Lou Gillis, Miss Margaret R. Gray, Miss Maud Evelyn Lingwood, Miss Marietta Norton.

MRS EDWARD KIRK PATTERSON (*née* Miss Nina Price), of St. Luke's Alumnae, Chicago, has been succeeded at the Provident Hospital by Miss Smart, of the Boston City Hospital. Mrs. Patterson's devotion to the Provident Hospital Training-School for Colored Women was proverbial throughout the West. She is now in Carlsbad to recover her health.

THE Mills Training-School for men, of Bellevue Hospital, New York, has been placed under the supervision of the superintendent of the Training-School for Women, Miss Jane A. Deland, making the entire nursing of the hospital now under the management of one head. This change has been accepted by the young men in a most cordial spirit.

MISS ANNE R. YOUNG has resigned as superintendent of the Muhlenberg Hospital of Plainfield, N. J., and has accepted the position as assistant to Miss Goodrich at the New York Hospital. Miss Young is a graduate of the New York Hospital school, and was one of the second class in the course in hospital economics.

THE many friends of Miss Margaret G. Fay, Class of 1898, of the University of Pennsylvania Hospital, Philadelphia, will be glad to learn that her health has been restored and that she has resumed her duties as superintendent of nurses at the John Sealy Hospital, Galveston, Tex.

MISS ZOLA A. BAILEY, a recent graduate of the University of Michigan Hospital Training-School, has been appointed superintendent of nurses at the Christian Hospital, Los Angeles, Cal.

MISS MABEL L. CHASE, graduate of the Massachusetts General Hospital Training-School, has been appointed head nurse at the Boston Insane Hospital, and entered on her duties November 10.

THE many friends of Miss Agnes S. Brennan will be glad to know that she has returned from her long visit to Ireland, having arrived in New York during the last week in October.

MRS. H. W. RANDALL, a graduate of Harper's Hospital Training-School for Nurses, has succeeded Mrs. L. A. Chambers as directress of nurses of the Cleveland Homœopathic Hospital.

MISS ROSE Z. VAN VORT, a graduate of the Old Dominion Hospital, Richmond, Va., is taking the course of massage and electricity at the Orthopædic Hospital, Philadelphia, Pa.

MISS ELIZABETH M. HEWITT, who has for the past three years been the assistant at the Children's Hospital, Washington, D. C., has resigned to take up private work.

MISS A. BRADLEY, a graduate of St. Michael's Hospital, has recently accepted the position of operating-room nurse at the Huron Street Hospital, Cleveland, O.

MISS MATHILDE KREUGER, Illinois Training-School, Class of 1897, is taking the course in Hospital Economics at Columbia University.

MISS ANNE DRAVO VAN KIRK has resigned her position as superintendent of nurses at the Sloan Maternity, New York City.



THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



In reporting the Sixteenth Annual Council, which took place at Philadelphia on November 5 and 6, we do not aim at an exact and business-like account of that delightful occasion,—all that will appear in the printed report,—we only aim to tell the informal and social part of it.

Many thanks are due and were duly and elegantly expressed by Dr. Parker Morgan in his vote of thanks to the Philadelphia Branch for their most kind, cordial, and elegant reception and entertainment of the members and delegates, and from the time when we were met and welcomed in the station to that sad moment when we were sped on our homeward way there was not a blot on our pleasure. The weather was rather damp on Thursday and it rained several times, but we were nearly always under cover, and our cheer within was so great as quite to hide the gloom without.

On Wednesday evening, then, our first service was held at the Church of the Holy Trinity at eight o'clock. The church was well filled, and the service, which was the regular evening prayer, most enjoyable. The volunteer choir was tuneful. Many of the priests associate participated, and Bishop Whitehead and Bishop Murray-Smith graced the scene.

The sermon by the latter divine was most enjoyable, being on the text: "Heal the sick. Freely ye have received, freely give." It contained an account of the revolution which was effected throughout the world by the Christian treatment of the sick, and gave many valuable hints as to the proper conduct of the nurse. Afterwards we repaired to the Parish House and registered, and many were the greetings exchanged as we drank our coffee.

On Thursday morning we met at the Church of the Ascension for Holy Communion at seven-thirty and were afterwards entertained at breakfast in the Parish House. Then followed the conferences of the chaplain-general with the local chaplains and of the general secretaries with the local secretaries, and, after morning prayer, the business meeting, from ten-thirty to one. This was largely taken up with the reading of reports and discussions of the *News-Letter*, as we always call it, though we have none now. After many pros and cons and many, many circumlocutions and much eloquence, it was decided to keep our space in the JOURNAL and to put the question of a sheet of our own in the hands of the general officers. This last motion was that of the Boston chaplain and was finally carried in the afternoon meeting. The questions of some united work for the guild and for action on unification of the sick-relief associations were left till another year. After a delicious lunch at St. Mark's Parish Building, a peep at their exquisite embroideries and beautiful Lady Chapel, we held the afternoon meeting and heard the papers, our number being greatly swelled by nurses from outside. The papers were most enjoyable and we shall probably see them later, and so was Dr. S. Weir Mitchell's address, in which, with his well-known percep-

tion and acumen, he gave us some good advice, dwelling on the necessity for health and exercise among nurses, urging upon us the fact that high character, warm hearts, and good manners were necessary for us all. In the evening we attended a most delightful reception at the house of Mrs. George C. Thomas, at the corner of Twenty-first and Spruce Streets. The house was most beautiful, full of the rarest and most superb art treasures. On the walls were examples of the art of Corot, Alma Tadema, Rousseau, Troyon, Jules Breton, and many others, while exquisite music ravished our ears. Our hosts were so kind and charming that we felt at home. The supper-room was a picture, with its beautifully laid table heaped with the delicacies of the far-famed Philadelphia markets. In fact, we were fed on the fat of the land during our entire stay, and it has been a sad come-down for many of us to boarding-house fare. The next day many indulged in visits to places of interest, hospitals, etc. The Boston delegates went to visit Blockly, but I have no space here to describe that vast place. We shall long remember our delightful visit to Philadelphia.

HARTFORD, CONN.—The Hartford Branch of the Guild of St. Barnabas held its first meeting of the season at the Church of the Good Shepherd on the afternoon of Wednesday, September 24. The religious service, beginning at a quarter past three o'clock, was conducted by the chaplain, the Rev. Dr. Hart. A meeting of associates before and the business meeting and social hour following the service were held in the Memorial Parish-House. Owing to the absence from town of many of the nurses and the long continuance of the "line storm" the attendance was not large, but all present were in the spirit of the occasion, and the afternoon was enjoyable and profitable. A letter was read from Miss Brown, superintendent of the Training-School of the Hartford Hospital, bespeaking the interest and assistance of the members of the guild in preparing for a fair to be held at the Nurses' Home in November for the benefit of the library. The nurses of the school wish to raise a fund for the purchase of desirable and valuable up-to-date text-books on nursing published from time to time to be added to their library as books of reference. Much sympathy was expressed with this praiseworthy object, and a hearty response will doubtless be made to the appeal.

The next meeting of the guild was held at the beautiful Nurses' Home on Jefferson Street on Wednesday evening, October 22. The bright, attractive parlor was well filled with members, associates, and visitors when the hour came for the opening religious service. Dr. Hart made a most helpful address on "Faith," taking for his key-note the words of St. Paul, "Above all, take ye the shield of faith."

The usual business meeting followed the service, at which Mrs. Washburn, associate, and Miss Wilkinson, our visiting nurse, were elected delegates to attend the General Convention of the Guild of St. Barnabas to be held in Philadelphia in November. After the business matters had been discussed the visiting nurse told us some very interesting incidents connected with her work. The evening closed with the bright, informal social hour, when all have an opportunity to clasp hands and become better acquainted over their coffee and cakes.

ORANGE, N. J.—The September meeting was held in Grace Church, Orange, and proved to be one of the most largely attended of any ordinary meeting that could be recalled. After the service, which included an address from the chaplain, the members adjourned to the rector's room in the Memorial Parish House, which

was quickly filled to overflowing. The important items for discussion were the calendar for the year, which had been prepared by the committee in charge, given in detail, and adopted as a whole, and which it is desired will largely take the place of the old postal-card system, which involved much labor and expense. Then the Committee on the Work for the Year gave their report, which included an entirely new idea, which, happily, met with much favor, one which will doubtless prove its own value. A room has been offered in the Visiting Nurses' Settlement for the use of convalescent or nurses suffering from minor ailments not wishing to go to a hospital and unable to receive treatment in their homes, the room to be rented by the guild, the nurse paying a nominal weekly board and to be cared for by the emergency nurses. It meets a need which has lately made itself felt, and we feel thankful that the want is to be soon supplied. It has been made known since the meeting that the generosity of an associate will furnish the room, and means will be taken by the branch to meet the rent without encroaching on the treasury. Tea was hastily served before the conclusion of the session, as the business had encroached on the social time.



RULES FOR BURIAL FOLLOWING DEATH FROM INFECTIOUS DISEASE.—The Maryland State Board of Health has published the following regulations regarding the disposal of the bodies of those who have died of any infectious disease: "In every case of death from cholera, bubonic plague, or smallpox, the body is to be taken charge of at once by the local health officer and buried or cremated within twenty-four hours. Transportation of such bodies by rail or steamer is absolutely forbidden. Such a body must be prepared for burial with as little disturbance of its immediate surroundings as possible. It shall be wrapped in the bedcoverings, secured by bandages; shall be placed in a tight coffin; the wrappings shall be saturated with forty per cent. formalin or solution of bichloride of mercury, 1 to 500, and the coffin shall be closed at once. In the discretion of the local health officer a competent undertaker may be allowed to embalm such a body, provided the body be not removed for that purpose from the spot where death occurred. The vehicle in which such a body has been transported to the place of burial shall be washed in a solution of bichloride of mercury, 1 to 1000. In every case of death from diphtheria, membranous croup, or scarlet fever, the body shall be prepared at once for burial by arterial or cavity embalming, or by covering with a layer of absorbent cotton not less than one inch thick, securely bandaged or rolled in a sheet, this covering to be saturated with a solution of forty per cent. formalin, or bichloride of mercury, 1 to 500, and the body to be enclosed in a tight coffin at once. The head and face need not be thus covered, provided the scalp and face and the cavities of the mouth and nose have been disinfected with an approved germicidal solution. The lead of the coffin may have a fixed glass panel over the face to permit inspection, but not such as will permit exposure to the air. It shall be unlawful to open the coffin, except on written consent and in the presence of a local health officer. Only persons of adult age shall act as pall-bearers in such cases. Interment shall be made within twenty-four hours of the time of death. Only members of the immediate household and necessary attendants shall be admitted to the house."

PRACTICAL HINTS

It may be that district nurses or others having work with chronic cases will be glad to know of a remarkably satisfactory treatment for old leg ulcers, which we learned some time since from an English nurse who had worked with the Queen's Jubilee Institute in district nursing in England. She taught us the preparation of this treatment, which we found to have surprising results. We told our hospital friends about it, and it was adopted in the out-patient department of a large hospital, and, to our amusement, dubbed by the doctors with the name of the nurse who told them of it, as "Ashe's Paste." Lately I found in the *British Journal of Nursing* for October 11 an article by Dr. Alfred Eddowes called "Gelatine Dressings" describing this treatment, from which I will take extracts, adding practical details for the nurse from our own experience:

"Gelatine dressings have not been employed by the profession generally so much as their merits deserve. Not only has the profession at large not realized their value, but some dermatologists are not yet familiar with their range of usefulness; yet for certain conditions, surgical and dermatological, it is impossible to overestimate their advantages. The chief reasons for their delay in replacing ointments, lotions, or other simple dressings in many cases are the trouble they give in preparation, the special knowledge required in the selection of suitable cases, and the technique necessary for their successful application.

When Unna introduced medicated gelatine dressings to the profession several formulae were published. My own experience (now extending over twelve years) has led me to adopt one, viz.: *zinc oxide, gelatine, glycerine, and water*, in the proportions of *one, two, three, and four* in the order mentioned. The gelatine is soaked for a few hours in part of the water, and then all the ingredients are mixed, with aid of heat, and managed afterwards precisely as glue. This mixture, when freshly made, is of the right consistency; but, of course, if it has been kept for many weeks, and especially if it has been heated several times over, it will require a little water to be added from time to time to keep it sufficiently thin for use." . . . "A good plan is to have the 'zinc gelatine' made and cut into small cubes or blocks, like white sugar, and kept in a box or wide-necked bottle, well corked."

"It is a drying and a cooling dressing, not hot, or even warm, as some might imagine, and, indeed, have supposed it to be. So cooling is it that we must keep this fact in mind when employing it over the whole trunk or large areas of skin, and therefore have blankets or warm shawls ready for our patient's use—especially in cold weather—soon after the application has been made. The dressing is flexible and elastic, and therefore much more comfortable than plaster for tender surfaces liable to movement or friction, and when employed with suitably thin bandage or cotton-wool it will adapt itself to any inequality of surface better than plasters, and prove fairly durable. Another great advantage it possesses over plasters is that it does not cause itching, chafing, or formation of troublesome pimples." . . . "Such dressings can, moreover, be partially cut away and readily patched, supposing they have become saturated with discharge or otherwise rendered unfit for use. Nothing is simpler than their removal by hot water

(not hot enough to distress the patient) with or without scissors. Sometimes blunt-pointed scissors can be easily inserted under the edge of the dressings, which can then be cut and removed without the application of hot water. When about to remove the dressing or apply it, the temperature in each case should be tested on the back of the operator's own hand before trying it on the patient's skin."

"The particular case to which I refer is only one of a large class for which the gelatine dressings have proved specially serviceable. The patient was a stout man of fifty, who had his legs badly affected with eczema and swelling of a painful character, due to the condition of his veins. Years ago I should have insisted upon rest in bed with elevation of the legs as the only plan for such a severe case. The patient's suffering was great, but, nevertheless, he said he must go on with his work. I placed him upon a sofa, raised both legs high in the air, and applied elastic bandages. After an hour the latter were removed, the skin dusted with calomel and starch, and both feet and legs as far up as necessary were dressed with zinc-gelatine and gauze bandages. At first the dressing was changed once a week, but later on only once in three months. The relief experienced was at once great, and eventually complete.

"This is a favorable opportunity for again insisting—as I have done for many years past—upon the necessity for constant support to varicose veins. The usual practice of patients wearing elastic stockings and elastic bandages is to remove them at night. The stockings are often damaged and overstretched in the process of removal and replacement, and the veins, being unsupported, are liable to accidental distention. Patients under my directions have worn stockings weeks and even months without removal, with great benefit and without any decomposition of the secretions of the skin or other discomfort, because I had cleansed the skin and applied the dust of which I have already spoken.

"Among the many other conditions for which the above dressings are useful I may mention burns and scalds, saddle-gall, sunburn, herpes zoster, dermatitis herpetiformis, and prickly heat, as well as corns, and even ringworm and favus. In the last two diseases they are of service for preventing irritating dressings, such as chrysarobin, reaching the eyes directly or by the patient's fingers.

"The gauze bandages which I use are made of what is generally called white butter muslin. For dressing the legs, cheap thin long stockings can often be substituted for bandages, and, taking the shape of the joints well, they are preferred by patients."

We, in our district work, make the zinc gelatine ourselves, after the following formula, as given us by the English nurse: pulverized boric acid, one part; pulverized oxide of zinc, five parts; glycerine, eight parts; gelatine, five parts; distilled water, six parts; all measured by weight.

Directions for making: Rub down in a mortar the zinc oxide and boracic acid with a portion of the water and glycerine. Dissolve the gelatine in a double boiler over a flame with the remainder of the water and glycerine. When dissolved, add the zinc oxide mixture, and while hot pour into a shallow dish. When cold it will be found to have set into a firm jelly and may be cut into pieces. We keep this covered from the air, and when it is to be used we melt up a small piece of it in a bowl set in a pan of water over a flame, adding, if necessary, a little water.

The ulcerated limb is well cleansed antiseptically and dried. Then a sterilized gauze bandage is applied over the whole ulcerated surface and about four

layers thick. Over this the gelatine is painted on thickly with a large brush, and outside of all a final firm bandage is placed. We renew these dressings about twice a week, and find that many of the most discouraging old ulcers heal with most gratifying promptness. However, we have found cases in which this treatment caused irritation, and, as shown in Dr. Eddowes's article, this must result from the large amount of glycerine, and his formula would no doubt be better for such cases. So many nurses have these poor old chronic "leg cases" left to them entirely that it does not seem out of place for them to discuss and apply treatment, improper though this would be under other circumstances.

DISTRICT NURSE, New York.



WHITE OR EGG LEMONADE.—The New York *Medical Journal* gives the following directions, by R. F. Leftwich, for the preparation of this beverage as a nutritive drink for febrile disorders: "Two lemons, the white of two eggs, one pint of boiling water, loaf sugar to taste. The lemons must be peeled twice, the yellow rind alone being used, while the white layer is rejected. Place the sliced lemon and the yellow peel in a quart jug with two lumps of sugar; pour on them the boiling water and stir occasionally. When cooled to about the ordinary temperature of tea, strain off the lemons. Now insert an egg whisk, and when the lemonade is in full agitation add slowly the white of the egg and continue the whisking. While still hot strain through muslin, and serve when cold. The white of the egg will be found to impart a blandness which makes the addition of sugar almost unnecessary. This absence of sweetness is greatly appreciated in the pyrexial cases, and has its obvious value for diabetics. For non-febrile cases with clean tongues more than two eggs may be used to the pint if desired. This drink is contraindicated only in the cases of true Bright's disease. It is very useful in the febrile diseases of childhood. It also possesses antiscorbutic properties which replace those lost from milk by boiling and sterilization. It is recommended as a part of the diet in typhoid fever, forming a relief from the monotony of milk, and does not have the constipating and flatus-producing effects that lie in beaten-up eggs that include the yolk. The author states that the patient who takes plenty of this lemonade in addition to four pints of milk per day will emerge from the pyrexial period of typhoid fever in a much stronger condition than without its use."

LAVAGE IN VOMITING OF PREGNANCY.—A writer in the St. Paul *Medical Journal* says: "There is one disorder in particular in which I have found drug treatment very unsatisfactory. I refer to the pernicious vomiting of pregnancy. Here lavage is our best remedy. The exact explanation of its action here I cannot give, as the vomiting does not always seem to depend on the contents of the stomach. It is possible that the stomach washing has some helpful effect on the reflex nervous mechanism."

POST-GRADUATE COURSE IN PHYSICAL AND DIETETIC METHODS OF TREATMENT.—"This course," says the *Medical Record*, "inaugurated last year at Baden-Baden, Germany, proved so popular that it is to be repeated this year, commencing October 13. The course continues for about eight days."

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits for at least the remainder of the present year. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—ED.]

MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION

[THE Secretary submits a synopsis of the report of the meeting of the New York State Association held in Rochester, October 21, 1902, and desires to explain that she regrets being unable to give in full the debate which took place upon the question of the title, but it was found, when too late to remedy the error, that the stenographer's notes did not include the full debate, so that this report, given through the JOURNAL for the benefit of the nurses who are interested in the subject of registration, cannot be corroborated in all of its details by the stenographer's notes.]

The regular meeting of the New York State Nurses' Association was held in the Isabella Graham Hart Memorial Home on Tuesday, October 21, 1902.

There were a number of individual members present and delegates from organizations representing 39 votes.

Miss Julia E. Bailey, first vice-president, was in the chair.

An address of welcome and encouragement was given by Miss Susan B. Anthony. The morning session was devoted to the reports of standing committees. The minutes of the previous meeting as read by the secretary were approved, as was also the report of the treasurer (who was not present), showing a balance on hand of forty-four dollars and sixty-five cents. The report of the chairman of the Credentials Committee showed applications for membership to have been received from two alumnae associations and fifteen individuals. Those applications received prior to August 21, having complied with the requirements of the constitution, were:

The Faxton Hospital Alumnae Association, Utica, N. Y.

Miss Mary S. Gilmour, graduate New York City Training-School.

Miss Lena Lightborne, graduate Brooklyn Hospital Training-School, Brooklyn, N. Y.

Miss Jane A. Delano, graduate Bellevue Training-School.

Miss Henrietta Wood, graduate St. Luke's Hospital, Utica, N. Y.

Miss Lucy M. Kellogg, graduate St. Luke's Hospital, Utica, N. Y.

Those whose applications were received after August 21 (and whose membership will commence with the January meeting) are:

Lincoln Hospital and Home Alumnae Association.

Miss Harriet Sutherland, graduate Rhode Island Training-School, Providence, R. I.

Miss J. Amanda Silver, graduate New York City Training-School.
Miss Theodora H. LeFebvre, graduate New York City Training-School.
Miss Fannie E. Arthur, graduate New York City Training-School.
Miss Mary J. Lambert, graduate St. Lawrence State Hospital.
Miss Katherine Newman, graduate New York City Training-School.
Miss Ellen E. Brady, graduate Faxton Hospital.
Mrs. Sarah Roberts Cook.

Miss Olive Strobelle, graduate Rochester Homeopathic Hospital.
Miss Beatrice Monteith, graduate Brooklyn Hospital Training-School.

It was moved and seconded in regular order that this report be adopted and the names as read be accepted as members of the association.

Miss Eva Allerton, chairman of the Committee on Legislation, in submitting her report read a letter from the Hon. James R. Parsons, Jr., secretary of the Board of Regents of the State of New York, in which he offered some advice in the framing of the bill in which he said: "The Regents do not seek to secure further power in connection with the administration of the laws pertaining to any profession. Through the efforts of the professions concerned the administration of other professional laws was placed in their hands. At the same time, while not in any way attempting to dictate, specially with reference to a profession the practice of which is not controlled by statute, the provisions that should be enforced, they stand ready at all times to administer as fairly and impartially as possible such laws as the Legislature may sanction at the request of the profession concerned."

Miss Allerton then read the proposed bill, which is given with the proceedings of the afternoon session, the discussion of which was postponed until the afternoon.

Miss Sophia F. Palmer, chairman of the Committee on Publication and Press, read the report for that committee, showing that fourteen hundred and fifty copies of the letter to the nurses of New York State were circulated before August 21, and that the balance of the two thousand printed were still unmailed for want of addresses.

Two circular letters had been drafted, one addressed to women's clubs, the other to medical societies; these letters were read for the approval of the association. Of the letter addressed to medical societies a number of copies had already been made and sent to medical meetings, replies from which were in the hands of the secretary. These letters had been mailed by Miss Julia E. Bailey in the absence of the chairman from the city, and the answers were addressed to her. The letters were read by the secretary as follows:

"AVOCa, N. Y., August 26, 1902.

"*Miss Julia E. Bailey, 40 South Clinton Street, Rochester.*

"MY DEAR MADAM: At the annual meeting of the Lake Keuka Medical and Surgical Association, held at Grove Springs, August 19 and 20, the following resolution in regard to legislation for nurses was passed:

"*Resolved*, That the Lake Keuka Medical and Surgical Association approves of and advises suitable legislation for nurses, and would recommend that such be obtained by a State Nurses' Association; and would further recommend that such a society should be of individual membership; that every nurse in the State who is a graduate of a reputable hospital should be eligible."

"This resolution was formulated by Miss Nye, of Buffalo, at the meeting.

"Yours very truly,

"W. W. SMITH, Secretary."

"NEW YORK STATE HOMEOPATHIC MEDICAL SOCIETY,
"597 ELMWOOD AVENUE, BUFFALO, N. Y.,
"September 19, 1902.

"Miss Julia E. Bailey, Rochester, N. Y.

"DEAR MISS BAILEY: In answer to your communication of September 16 addressed to me at Utica, I would say that the same was not received until after we had passed the order of miscellaneous business, and as we were very greatly crowded for a time during the rest of the session I had no opportunity of presenting it for consideration. If you would be kind enough to send me a copy of the bill which you intend presenting to the Legislature, together with a copy of your constitution and by-laws, I will be in a position to present the matter intelligently before the State society. We hold our next meeting in Albany, February 10, 1903.

"Yours very truly,

"DEWITT G. WILCOX, Secretary."

Later in the day Miss Bailey received notice, by telephone, that the Monroe County Homeopathic Medical Society, then in session, had endorsed the movement for registration.

The morning session adjourned at twelve-fifteen, to meet again at two P.M.

Lunch was served in the home by Miss Keith, superintendent of the hospital.

The meeting was called to order at two P.M.

The chairman then introduced Dr. William S. Ely, who addressed the convention as follows:

"I feel highly honored by the invitation to appear before you this afternoon. I take it as a recognition of the interest I feel in the profession of nursing and my desire to aid you in elevating your standards. Two or three years ago I appeared before a company of nurses in this room. Appreciating then the difficulties under which you were laboring, I urged rapid organization of the nurses throughout the State in order that you might apply to the Legislature for such relief as you would sooner or later need. But the recommendation made at that time was a little premature; you had not fully formed your State association, and therefore were in no condition to appear with any influence at Albany. But since that date your State association has been perfected, and the time has come when you ought to secure the enactment of some legislation in your behalf. In the interesting paper read by Miss Palmer before the Ethical Club of this city last Friday, the conditions under which you are laboring and the relief which seems necessary were fully set forth. You are situated very much as physicians were twelve years ago. At that time physicians throughout the State were so much interested in sectarian quarrels that they overlooked what was essential to their welfare and the welfare of the public. We finally decided in 1890 that the three different schools of medicine in the State should come together and agree upon a proper standard of qualifications for the practice of medicine. There was then really no definition of a physician,—almost anyone could practise medicine.

"As the finances of the medical schools depended upon the number of pupils they could draw, they naturally made their standards for graduation exceedingly low. There were medical schools in some of the United States which on the receipt of ten, fifteen, or twenty-five dollars would issue a diploma to

a doctor, and on that, without any qualifications whatever, he could practise medicine.

"So the first thing to agree upon was that while the schools should graduate physicians, they should not be permitted to license them to practise. And we united in applying to the Legislature for a bill taking the license to practise from the schools and putting it in the hands of the University of the State of New York.

Of course, there was much opposition to the bill, especially from the medical schools, but this was overcome and the bill became a law and went into effect in September, 1891, under which the practice of medicine is at present conducted. New York was the pioneer in this effort. And the success has been so great that in nearly all of the States of the Union a similar bill has been passed.

"The result of this has been that the standard of medical education has been raised and is being still further raised. There is now required a suitable preliminary education and the attendance upon at least a three-years' course in a regularly incorporated medical school recognized by the University as having a proper standard. Then the students, having received their diplomas, appear before a State board holding meetings four times a year in New York, Albany, Syracuse, and Buffalo, and undergo an impartial examination by representatives of the Regents upon questions prepared by a board of medical examiners. Those who pass this examination successfully receive a license from the University of the State of New York to practise medicine, and when this license is registered in the office of the county clerk in the particular county in which they wish to reside they are constituted qualified practitioners of medicine. But even then they are not beyond the control of the State of New York, because just so soon as any individual who receives this license is found guilty of immoral conduct, his license can be withdrawn.

"The practice of nursing is hardly distinguishable from the practice of medicine. Year by year, as I come in contact with different members of your profession, my idea of the importance of your work increases, until now I think you are deserving of the same recognition on the part of the State and the public as physicians. Often you are more necessary than the physician, for the welfare of the patient depends at times more upon the intelligent trained nurse than it does upon the doctor.

"As I understand, you are now about to unite in a request to the Legislature to be placed under the control of the State Board of Regents, exactly as are the physicians.

"As stated by Miss Palmer, until you do this, your standard will continue to be lowered. The public cannot now distinguish between the trained nurse and the nurse who is untrained. When you go to Albany to urge the passage of your bill you will encounter opposition; you will be told that there are untrained nurses who know more than the trained nurse does. In reply you can say that you do not wish to interfere with home nursing or the gratuitous care of the sick, but as soon as untrained nurses add 'trained nurse' to their names and go out to work for pay, just so soon the same standard of qualifications should be required of them as is required of you. They should be made to take a regular course of training and should be required to pass an examination by the State Board of Regents.

"It is only in this way that the public can be protected in their rights. Your bill, if passed, will at once elevate you as a profession, give you the

proper standing before the public, and eliminate from your number a large class of incompetent persons who are constantly disgracing your calling. It should be understood in connection with the passage of a bill for the practice of nursing that it cannot be made retroactive. It cannot apply to any who have already received degrees from a regular training-school for nurses. Those who after the passage of this bill graduate as nurses, and wish to be called 'trained nurses,' or whatever title you may decide upon, must receive a license from the Regents to practise.

"The purpose of your bill, so soon as it is passed, should be to cut off from the list of trained nurses all of those who have not graduated and received a degree from an incorporated training-school for nurses. The Board of Regents has nothing to do with setting the standard of your examination. You elect those of your number who are best qualified to prepare the questions to be asked of candidates, then the Board of Regents takes the questions which you prepare and goes through the machinery of the examination."

Dr. Ely was asked what the effect of this law of 1891 was in raising the standard of medical education. He replied:

"The effect has been surprising. Every school throughout the country has raised its standard under the stimulus of this law. If it does not raise its standard, it does not adequately educate its pupils. The examinations are made both theoretical and practical, so that those who have been years in practice coming from other States will find that they can pass the examination as well as those who have just graduated.

"The standard of the medical law in New York State is so high that we cannot yet engage in reciprocity with any other State in the Union. If a physician comes from Pennsylvania and wants to settle in New York, he cannot do it without passing the New York examination simply because the Pennsylvania standard is not quite so high as the New York standard. There should be a uniform standard throughout the country, but the conditions of the South and the far West are so different from those of the East that it is somewhat difficult to establish a uniform standard at present.

"If a nursing law be enacted similar to the medical licensing law, you will be able to rule out not only the incompetent ones in your neighborhood, but the incompetent women in other States will not be allowed to come into New York State to practise nursing."

The Rev. Father Thomas A. Hendrick addressed the convention in part as follows:

"The relationship of the Regents to the profession of nursing has been so aptly and so briefly touched upon by Dr. Ely that there is very little left for me to say. I naturally look at this subject from a different stand-point from that which Dr. Ely holds. Having been myself under the kindly administration of nurses and the subject of the doctors' care, naturally I look at it with the eye of the public; and also being a Regent and knowing the general misapprehension, I may say almost general, among the persons who are most concerned, I would view it also from the stand-point of the Regent. In the first place, let me emphasize what Dr. Ely has already said, that the function of the Regent is not legislative; it is executive. We take the laws as made and execute them. We have absolutely no right to vary from the laws, because, in so far as we might vary from the laws, just so far our action would be

illegal. The Regents are simply the trustees of the State. They are the officers of the university, and the university is one of the executive departments of the State government. The will of the people as to the education of the people is executed through two arms: the Department of Public Instruction, which has control of all preliminary education in the schools, which are called in the school act the common schools, and which has control also of the courses cognate to the education in the primary schools; for instance, the normal schools. But the Regents have control of the higher education. The university is divided into several departments. The administrative department, for instance, has four divisions: Finance, Reports, Charter, and Printing. The second and third are College and High School, including three divisions: Registration, Inspection, and Examination. There are four divisions in the department of Home Education: the Public Libraries, Travelling Libraries and Pictures, Extension and Library School. The State Library is open to all the citizens of the State, and any member of this association may draw books on application to the State Librarian, with reference to some person—Dr. Ely, for instance, or some other person well known in this city. There are some fifty-four thousand volumes in the State Library.

"There is no way in which a corporation for educational purposes may be controlled, above the grade of primary schools, excepting through the University of New York. Any educational body, therefore, of which the Nurses' Association would be one, the purpose being to educate and safeguard the standards of admission to practise, would necessarily be under the University of the State of New York, and it would be the function of the Regents to see that the standards were maintained and the laws executed. I say this, although it may seem to be elementary and tiresome to some of you, because I have been asked by physicians in the city such questions as this: 'How do you undertake to examine physicians? You don't know anything about surgery or medicine.' We don't claim to know anything about it, but the State Medical Association know enough to select men who do know about these things and how to conduct the examinations." . . . "It is not the idea of the examiners to 'stick' people, to use a common expression, to puzzle them in their examination; it is not a guessing match or a game of rebus or anything of that sort. But the idea of the State is, and that is the idea of the public, to protect, not primarily the physicians, nor in your case the nurses, but to protect the people." . . .

"Incidentally the physician is protected and the nurse is protected. It is based upon the theory that the people have the right, and it ought to be the function of the State, to prevent any man who is ignorant of the principles of medicine from killing people; and in the case of nurses, to prevent incompetent nurses undoing the work of skilful physicians. So if the people have the right to protect themselves from the number of unskilled men who claim to be skilled physicians, logically it is their right to protect themselves from the unskilled people who claim to be nurses." . . .

"The questions are based upon such things as are assumed to be known by those least able to practise medicine. It gives a minimum standard, not a maximum. It may be readily assumed that of those who pass this examination the majority could pass a more difficult examination. There is no question of honors in a Regents' examination; the only question is: Is such a person fit to practise medicine?" . . . "The doctors themselves have raised this standard because they know what is right. They are conscientious. It is presumed,

and it is known, and it is believed by the people, that the doctors and the nurses and professional people of every kind have a higher interest than the mere money that is in the business. You may call it a business from one side, but it is their professional instinct, their desire to do good, primarily, to the human race, that raised this standard and is constantly raising it.

"The standard was raised by the University of New York at the instance of the doctors. If it has any right to exist, its defenders ought to be among the doctors and the nurses, those who are capable of understanding the need for it. If a doctor is a good doctor, he ought to say there ought to be some touchstone, a certain something, to say that he is more competent to practise than the person who doesn't know anything about medicine, or than one who doesn't know anything about nursing. It is not the nurses' dress that makes her a nurse. The examination cannot tell some things to the public. It cannot tell the moral qualities, although the examination primarily requires good moral character. I mean courage, and I mean tact, and many other things that cannot enter into an examination. It can tell of technical knowledge. The requirements of the examination are, first of all, the primary education." . . .

"Preliminary education is essential. Symptoms are the language of the patient to the doctor. He learns about the patient by the symptoms. Very often the patient cannot talk or give him any other indication whatever. And for that reason the nurses have elaborate charts upon which are entered a large number of symptoms, and in that way a doctor keeps constantly in touch with a case and knows how it is progressing.

"A person untaught in the primary branches cannot keep such a chart, cannot give the doctor such information: therefore, the primary education is absolutely necessary. And so the higher the nursing profession makes its standard, and the more worthy of confidence, the more worthy of patronage it will be. I know from my own experience how many nurses enter into this profession with conscientious effort and spend themselves at it, and it does seem to me, as one who might stand in need of such service, that there is great need on the part of the public for a standard."

Miss Anthony made a few remarks, in which she expressed the opinion that the day is coming when trained nurses will be required to possess a college education before being admitted to training, saying that the older generation of women had not had the opportunities for college education which the younger generation now have.

Miss Sophia F. Palmer spoke of the plans in the way of the higher preliminary education which were being agitated in different sections of the country, explaining briefly the plans which were rapidly coming into form at the Mechanics' Institute in Rochester for the establishment of a central school for the theoretical instruction of nurses, to which four of the training-schools were to send their pupils. Dr. Ely explained at some length the plan which was already in operation, of allowing the pupils of the different schools to take a course in German at the Mechanics' Institute, this course having been made possible through the generosity of one of Rochester's leading philanthropists, Mr. Henry Lomb.

The report of the Committee on Legislation was then taken up. We give the amended bill; the bill as first presented contained the words "Trained Nurse" in place of "Registered Nurse" as here given:

"A BILL FOR THE REGISTRATION OF NURSES IN NEW YORK STATE.

"1. Any resident of New York State, being over the age of twenty-three years and of good moral character, holding a diploma from a legally incorporated training-school for nurses connected with a general hospital or a hospital for the insane giving a satisfactory course of at least two years and registered by the Regents as maintaining in other respects proper standards, and who shall have received from the Regents of the University a certificate of his or her qualifications to practise as a Registered Nurse, as hereinafter provided, shall be styled and known as a Registered Nurse, and no other person shall assume such title, or use the abbreviation R. N., or any other words, letters, or figures to indicate that the person using the same is such a Registered Nurse.

"2. The Regents of the University may appoint a board of three examiners, which shall be selected from those nominated by the New York State Nurses' Association, and with the advice of this Board of Examiners make rules for the examination of nurses applying for certificates under this act.

"The Regents shall charge for examination and certificate such fee as may be necessary to meet the actual expenses of such examination, and they shall report annually their receipts and expenses under the provisions of this act to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer.

"The Regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon.

"3. On unanimous recommendation of the Board of Examiners the Regents may, in their discretion, waive the examination of any persons mentioned in Section 1 above, or holding a diploma from any legally incorporated training-school registered by the Regents as maintaining proper standards, who shall have been graduated before the passage of this act, and who shall apply in writing for such certificate within two years after the passage of this act.

"4. Any violation of this act shall be a misdemeanor."

The point taken up for discussion after the reading of the bill was the question of the title. The secretary was asked to give the returns from the absent members who had been asked to state their preference in writing; it was found that the title "Registered Graduate Nurse" had a majority in the written replies.

Miss Ida Palmer called attention to Article II., Section 6-c, of the by-laws, which reads, "The vote of individuals shall be cast in person," and it was decided that while the opinion of absent members must be given due weight, in coming to a conclusion the final vote must be cast by the members present.

In the discussion which followed, to which ample time was given, and which was conducted with moderation and toleration, Miss Allerton, chairman of the Legislative Committee, with her associate, Miss Damer, stood strongly for the term "Trained Nurse," urging in support of their arguments that the public were accustomed to that title, and it would take many years to educate the masses of the people to discriminate in favor of a new title the meaning of which they did not understand.

Miss Nye, of Buffalo, objected to all of the titles which had been proposed, stating that she believed the title should be simply "Nurse;" that a woman should have the right to use that title or she should not have it; that there should be no qualifying or half-way measures, and she held that by adopting any

one of the other titles, which must necessarily be misleading in its significance, we were creating difficulties for the future. Miss Nye spoke ably and forcibly in support of her opinions.

Miss Sophia Palmer, in expressing her preference for "Registered Nurse," quoted from a letter received by the secretary from Miss Waterman, of the Brooklyn Methodist Episcopal Hospital, saying that in the term "Registered Nurse" would be implied training and graduation from a school endorsed by the Regents, because by no other methods would a nurse be permitted to use that title. The visiting members, of whom there were over a hundred present, were given the privilege of taking part in the discussion on the title.

It was moved by Miss Enright and seconded by Miss Nye that the secretary submit this matter of the title to the other State associations already formed and get their opinion before it was decided by the New York State Association. The motion was lost. In speaking to this motion Miss Damer emphasized the fact that all of the State associations were equally undecided in the choice of the title, and they were looking to the New York State Nurses to make a decision at this meeting. Miss Damer then moved that the name "Registered Nurse" be incorporated in the bill to be sent to the Legislature; seconded by Miss Frick and carried by a vote of thirty-seven to two. Miss Allerton, who had favored the use of the term "Trained Nurse," voted with the majority.

The visiting members were then asked to express their approval or disapproval of this title. Their vote was unanimous in favor of it, and there was great applause and enthusiasm.

The other sections of the bill were adopted as read.

An invitation was tendered by Miss Gardner, on behalf of the association she represented, to hold the next meeting in Syracuse.

Miss Reading, the delegate from the Bellevue Alumnæ Society, extended an invitation to hold the next meeting in New York City.

It was argued that in view of the fact that New York City is the great nursing centre of the State, at least one meeting a year should be held there, and it was decided that the January meeting be held in that city.

A vote of thanks was given to the Syracuse association for their invitation, and it was suggested that if the invitation be extended, the association should go to Syracuse during the coming year. After some further routine business the meeting adjourned.

ELIZABETH C. SANFORD, Secretary.

149 CHESTNUT STREET, ROCHESTER, N. Y.

PROPOSED BILL OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE
NURSES

"AN ACT to regulate the practice of professional nursing of the sick in the State of Illinois.

"SEC. I. Be it enacted by the people in the State of Illinois represented in the General Assembly: That within thirty days after the passage of this act the Governor of this State shall, by the advice and consent of the Senate, appoint a State Board of Examiners of graduate nurses to be composed of five (5) members to be selected by the Governor from twelve (12) nominations submitted to him by the Illinois State Association of Graduate Nurses. One of the members of this board shall be designated to hold office one year, one for two years, one for three years, one for four years, one for five years, and there-

after, upon the expiration of the term of office of the person so appointed, the Governor of the State shall appoint a successor to each person whose term of office shall expire, to hold office for five years, and the person so appointed shall be selected by the Governor from a list of five nominations submitted to him by the Illinois State Association of Graduate Nurses.

"In case appointment of a successor is not made before the expiration of the term of any member, such member shall hold office until a successor is appointed and duly qualified. Any vacancy occurring in membership of the board shall be filled by the Governor of this State for the unexpired term of such membership.

"SEC. II. The members of the State Board of Examiners of Registered Nurses shall, before entering on the discharge of their duties, make and file with the Secretary of State the constitutional oath of office. They shall, as soon as organized and annually thereafter in the month of January, elect from their number a president and a secretary, who shall be also the treasurer. The treasurer before entering upon her or his duties shall file a bond with the Secretary of State for such sum as shall be required of her or him by said Secretary of State. The board shall adopt rules and regulations not inconsistent with this act to govern its proceedings and also a seal, and the secretary shall have the care and custody thereof; and she or he shall keep a record of all proceedings of the board, including a register of the names of all nurses duly registered under this act, which shall be open at all reasonable times to public scrutiny; and the board shall cause the prosecution of all persons violating any of the provisions of this act and may incur necessary expense on that behalf. The secretary of the board shall receive a salary which shall be fixed by the board and which shall not exceed twelve hundred dollars per annum; she or he shall also receive travelling and other expenses incurred in the performance of her or his official duties. The other members of the board shall receive the sum of five dollars for each day actually engaged in this service, and all legitimate and necessary expenses incurred in attending the meeting of said board. Said expenses and salaries shall be paid from the fees received by the board under the provision of this act, and no part of the salary or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said per diem allowance and other expenses provided for shall be held by the treasurer as a special fund for meeting the expenses of said board and the cost of an annual report of the proceedings of said board.

"SEC. III. Three members of the board shall constitute a quorum. Special meetings of the board shall be called by the secretary upon written request of any two members. The board shall adopt rules and regulations for the examination of applicants for licenses to practise professional nursing of the sick in accordance with the provision of this act, and may amend, modify, and repeal such rules and regulations from time to time. The board shall immediately upon the election of the officers thereof, and upon the adoption, repeal, or modification of its rules of government or its rules and regulations for examinations of applicants for registration, file with the Secretary of State and publish in at least one journal devoted to the interest of professional nursing and one daily newspaper published in the State of Illinois at least twice the name and address of each officer, and a copy of such rules and regulations or the amendment, repeal, or modification thereof.

"SEC. IV. Provision shall be made by the board hereby constituted for holding examinations at least twice in each year. All examinations shall be made

directly by said board or a committee of two (2) members delegated by the board, and due notice of the time and place of holding such examination as in the case provided for the publication of the rules and regulations of said board. The examinations shall be of such a character as to determine the fitness of the applicant to practise professional nursing of the sick, and shall include the following subjects: *materia medica*, physiology, anatomy, chemistry, obstetrics, urinalysis, children's diseases, sanitation, hygiene, dietetics, and practical care of patients, *viz.*: (baths, massage, bandaging). If the results of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect, and upon payment to the secretary of the board by the candidate a fee of ten dollars, the secretary shall thereupon issue to the person named thereon a license to practise professional nursing in this State.

"SEC. V. The applicant who desires to practise professional nursing shall furnish satisfactory evidence that she or he is more than twenty-one years of age, is of good moral character, has received a sufficient preliminary education as may be determined by the board, and has graduated from a training-school of a general hospital of good standing, as may be determined by the board, and where at least two-years' training in the hospital and systematic courses of instruction are given.

SEC. VI. Any person who shall by affidavit or otherwise show to the satisfaction of the board that she or he was engaged in the practice of professional nursing of the sick on the date of the passage of this act shall be entitled to a license without an examination, provided such application shall be made within six months after the passage of this act.

"SEC. VII. All persons who have duly received licenses in accordance with the provisions of this act shall be known and styled a registered nurse, and it shall be unlawful after six months from the passage of this act for any person to practise professional nursing of the sick as such without a license in this State, or to advertise as or assume the title of trained nurse or graduate nurse, or to use the abbreviation of T. N. or G. N. or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse.

"SEC. VIII. Any person violating any of the provisions of this act shall be guilty of a misdemeanor punishable by a fine of not less than fifty dollars nor more than two hundred dollars for the first offence, and not less than one hundred dollars nor more than five hundred dollars for each subsequent offence.

SEC. IX. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered or graduate nurse.

"SEC. X. Any person who shall wilfully make any false representation to the Board of Examiners in applying for a license shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not less than five hundred dollars nor more than two thousand dollars.

"SEC. XI. The State Board of Examiners of graduate nurses shall have the power to revoke any certificate or license issued in accordance with this act by unanimous vote of said board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing as may be determined by the board, but before any license or certificate shall be revoked the holder thereof shall be entitled to at least twenty-days'

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notice of the charge against her or him and of the time and place of hearing and determining of such charges, at which time and place she or he shall be entitled to be heard. Upon the revocation of any certificate or license it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses."

Mrs. E. B. Hutchinson, the president of the Illinois Association, in sending the above bill to the JOURNAL, says: "We quite expect that some minor points in this bill will be changed to suit in some degree the personnel of this year's General Assembly." . . . "The State Association has really done some good work lately, viz.: the sending out of five members to visit every hospital in the State of Illinois and glean information as to the curriculum, number of graduates sent out each year, standing for entrance, amount of clinical and didactic teaching, length of training, whether student nurses are paid, etc." . . . "We are all watching with interest the progress of the Eastern societies, and send our sincerest wishes for success."

THE NORTH CAROLINA STATE MEETING

THE North Carolina State Nurses's Association was organized October 29 at Raleigh, with forty-five charter members.

The meeting was enthusiastic and harmonious. Among its active workers and members are nurses from many of the best hospitals in the United States and Great Britain.

Several of the larger towns in the State sent representatives, who brought the names of other nurses who were too busy to attend the meeting.

The work of organization has progressed to such an extent that the association will soon be chartered, and State legislation is looked forward to at an early date.

Noted among the visitors was Miss Fallon, president of the New Jersey State Nurses' Association. Her talks upon association work were most interesting and instructive.

Miss M. L. Wyde was elected president and Miss A. L. de Vane secretary.

THE SCHOOL NURSE IN NEW YORK CITY

SINCE the account of the school-nurse experiment was written the Boards of Health and Education have determined to establish the nurse as a regular municipal official in the public schools, and Miss Rogers, who so successfully conducted the experiment during October, was formally summoned to the office of the Board of Health on November 6 and was given the official badge of the Health Board, a very handsome and imposing gold shield.

The school nurses will be under the control of the Board of Health and will be salaried by that board. The Board of Education will designate the schools in which the nurse's services are needed. It is hoped that a small staff of nurses may be established as soon as possible and gradually increased to the necessary number.

This is the first instance of a nurse being established in the public schools by the municipal authorities.

Miss Rogers's monthly report to the Board of Health is duplicated on the following page:

TWENTY SCHOOL DAYS.

October, 1902.

Name.	Cases treated.	Time.	Work done.
School 147	184	.....
Parochial School	207	.....	Sent down by the doctor to be treated in school.
School 31	191	.....
School 12	311	.....
Total	893	.....
Average	44	.....
Number of calls made	137	.....	To teach and advise mothers as to best way of caring for those with sore eyes and unclean heads.
Diseases :			
Conjunctivitis (simple and purulent)	191	.....
Blepharitis	31	.....
Eczema scalp	6	.....
Trachoma	4	.....	Came under my notice before going home.
Ring-worm	4	.....
Minor wounds	32	.....	These include cuts, bruises, dog-bites, eczema, etc.
Unclassified eye troubles	20	.....
Total	288	.....
Children excluded	25 (?)	.....	All but four returned to school.

L. L. ROGERS.

(Signed) L. D. W.

REPORT OF THE COURSE IN HOSPITAL ECONOMICS

MISS ALLINE, instructor in charge of the Course in Hospital Economics at Teachers' College, New York, reports for the month of October as follows:

"The following-named students registered for the Course in Hospital Economics in October, 1902:

- " Miss Barter, graduate of St. Luke's Hospital, Chicago, Ill.
- " Miss Black, graduate of Rochester Homœopathic Hospital, Rochester, N. Y.
- " Miss Bliss, graduate of the House of the Good Shepherd, Syracuse, N. Y.
- " Miss Hickox, graduate of the Worcester City Hospital, Worcester, Mass.
- " Miss Krueger, graduate of the Illinois Training-School, Chicago, Ill.
- " Miss Nelson, graduate of Augustana Hospital, Chicago, Ill.
- " Miss Perrin, graduate of Denver Hospital, Denver, Col.

" They registered for the full number of points allowed, with the privilege of dropping a class if they found their programme too heavy; this four of them did when they knew what they could best leave out, leaving for them a course of fifteen points. The excursions for the month have been two—to the Presbyterian Hospital. It is easy to get them started on excursions, but hard to get them home; they want to stay.

" Miss Nutting gave her course of lectures Thursday and Friday, October

30 and 31. From what I have seen thus far it is a very promising class. The work has certainly started off for the year easier than ever before.

"My report of last year's class will not be complete, as not all have been heard from.

"Miss Fisher returned to the Butterworth Hospital, Grand Rapids, Mich., from which she had resigned to take the course at the college.

"Miss Glenn, having a choice of two positions, after looking over both fields, chose the Passavant Hospital, Chicago, Ill. In her last letter she says: 'I feel as if I would like to say to the hospital economics students that there is *not a thing* they can pick up in any way that they will not be glad of later. I realized it last year, but it is impressed on me over and over again as the days go by. I am going to give the work in dietetics, so I can have the money for reference-books. Twenty-five dollars is what they have been paying an instructor. Not a day passes that I am not glad of something I got in New York. I do hope it may be my privilege to have another year there some time.'

"I heard indirectly that Miss Forbes returned to the Massachusetts Homœopathic Hospital to take charge of some part of the practical work and to assist in the theoretical instruction.

"Miss Fraser spent six weeks in the State Hospital on Ward's Island, making a more thorough study of institutional dietaries.

"A meeting of the Advisory Committee was held at the college dormitories on Friday, October 27, when the committee had the pleasure of meeting the students and the opportunity of discussing the work for the coming year. This promises to be exceedingly satisfactory and the students are full of enthusiasm. Indeed, Dr. Wood, who watches most carefully over them, says that their fault is that they want to learn too much!

"Finances are at present of considerable anxiety to the committee, and every nurse is asked to do what she can to obtain subscriptions, even if small ones. There seems to be no doubt that this course is a valuable one, not only to the student who is so fortunate as to take it, but to those whom she herself endeavors to help when she assumes a position of responsibility. Therefore all contributions are for the public good. "MAUD BANFIELD, Chairman."

THE AMERICAN JOURNAL OF NURSING COMPANY BECOMES INCORPORATED.

THE AMERICAN JOURNAL OF NURSING COMPANY was incorporated in the City of New York, October 13, 1902. The incorporators elected a Board of Directors, five in number, to serve until the annual meeting in January, of which Miss M. E. P. Davis was elected president, Miss A. D. Van Kirk, secretary, and Miss P. S. Dolliver, treasurer, the other two directors being Miss S. F. Palmer and Miss L. L. Dock. The company was formed with a capital stock of ten thousand dollars, one hundred shares at par value of one hundred dollars per share being issued. By-laws were adopted.

On the previous day a stockholders' meeting was held, all of the stock with the exception of two shares being represented either in person or by proxy, and the preliminary steps for incorporation were taken, the by-laws approved, and a general outline of procedure agreed upon. A limited number of shares are for sale, preferably to nurses or alumnae associations.

ANNE DRAVO VAN KIRK, Secretary.

INTERNATIONAL COUNCIL OF NURSES

MRS. CHARLOTTE RICHMOND MILL, matron of St. George's Hospital, Bombay, India, has consented to serve as honorary vice-president for that country.

L. L. Dock, Secretary.

OCTOBER, 1900—WANTED

THE Children's Hospital of Boston is endeavoring to make a complete set of THE AMERICAN JOURNAL OF NURSING, but is unable to obtain the first number of the first volume, October, 1900. Will anyone having this number to dispose of communicate directly with the superintendent, "Sister Caroline"?

REGULAR MEETINGS

CHICAGO, ILL.—Programme of St. Luke's Alumnae Association for 1902 and 1903: September, business meeting; October, Dr. W. A. Pusey, "X-ray;" November, Mrs. Charles Henrotin, "Consumers' League;" December, Mrs. Ella Moore, Chicago University, "Romola;" January, Miss Lathrop, "Village Care of the Insane," stereopticon; February, domestic science, "Food;" March, Dr. Ralph Daniels, "Toxines;" April, Dr. William Evans, "Blood Examination;" May, open date; June annual meeting.

PORLTAND, ME.—At a recent reunion of the graduates of the Maine General Hospital School for Nurses of Portland at Riverton Park, Dr. Seth C. Gordon, one of the surgeons of the hospital, delivered the following address:

"TO THE ALUMNAE ASSOCIATION OF NURSES OF THE TRAINING-SCHOOL OF THE MAINE GENERAL HOSPITAL: The graduation of the first class of nurses from the Training-School of the Maine General Hospital marked a new era in the history of the practice of medicine in Maine. Few now living in general practice realize the many disadvantages under which the profession labored before the days of trained nurses. It is true that we had a small number of good, faithful, intelligent, efficient nurses of the old school, trained only in the stern school of experience, with nothing of the modern anatomical and physiological knowledge now given to the strict course in schools. It is also true that the demands of modern cleanliness and asepsis were at that time almost unknown, both in medical as well as surgical cases. The nurse that could make a bed properly, even when the patient was out of it, who could give a bath carefully without danger of a chill, and prepare food and serve it in a dainty form, give enemas and douches, was considered accomplished in the highest degree. To the doctor was left all the details of taking temperatures, pulse, catheterizing, and administration of hypodermic medicines. This was a demand upon the doctor's time which could not always be answered by the busy man, and oftentimes the patient was the sufferer in consequence. It was also an additional expense to the patient, which many times could illy be afforded, where the circumstances were such as are so frequently found in the general practice of all physicians.

"The trained nurse changed the entire system. By lectures, text-books, and recitations nurses are made familiar with the rise, progress, and general symptoms of disease, the course and probable results, the action of remedies, the need for them, and the proper time for withholding them in cases where the counsel of the physician or surgeon cannot be available at the time.

"By such aid as the properly trained nurse can give, the wise, prudent, and busy physician can ordinarily save to the patient the expense of the nurse in less frequent visits of his own.

"This, to the patient in moderate circumstances, means much, for she or he obtains the constant care of the nurse for a compensation heretofore paid to a physician for only a few minutes' attention. This is a consideration which is often overlooked, and perhaps one not sufficiently regarded and practically enforced by the doctor himself.

"To the practitioner of the last ten or fifteen years the trained nurse is a necessity, and he can scarcely imagine a condition such as older men in the profession encountered so frequently, and therefore may not properly estimate her value to himself or to the patient.

"The course of training generally followed in the training-schools, while it gives a fairly good theoretical and practical education, by no means, in all cases, produces the accomplished and desirable nurse. The majority of nurses undoubtedly take up the work as a profession by which to earn a living, preferring this to any other profession or vocation, such as teaching, etc. A small minority choose it from all the various professions and vocations for absolute love of the work.

"There are nurses born, as well as poets and doctors. Florence Nightingale inaugurated the system entirely from a desire to benefit suffering humanity. While it is eminently commendable to enter the profession for pecuniary advantage, it is extremely unfortunate for both nurse and patient when no love of the profession grows with the training or after experience. It is then mere drudgery, and the high ideal of true nursing is never reached. In order to cultivate this spirit among nurses, such associations as yours should be formed and actively kept up. This is the era of associated work,—no business or profession succeeds best without such combinations. It is an educational work, where each learns much from the combined experience of the whole. It inculcates a desire for the highest ideal and cheers the disheartened, while it raises higher the standard of professional requirements. The system is by no means perfect; new schemes are constantly being devised for giving a broader scope to this professional work, and it is to such as your association is composed of that the leaders look for advice and help. If each one of you continue to work by herself, in a routine manner, without communicating any of your experiences or new methods that come to you out of that experience, I fear that nursing will no longer be dignified with the title of profession, but will lapse into a mere trade. Such innumerable varieties of expression of disease come to you that never reach the busy practitioner, that by careful study of them and noting fully you may be able to advance the knowledge of the practitioner of medicine and surgery and thus materially aid your patient. The higher the preparatory standard of education, the greater the intellectual capacity, the more useful you become as aids to the physician. Much remains to be learned by the medical profession, in matters of detail, by comparison of statistics which alone can be reached best by the careful, intelligent, well-educated nurse.

"In this view of the case you have a high ideal to reach and a noble and inspiring duty to perform. Your relation to the doctor must ever be that of an aid in all his professional duties. You must therefore be always ready to respond to any and every call where he may go. Any nurse who expects to receive the favors of the profession must also accept the responsibilities: they

go hand in hand. It is all professional work, and that nurse who fears to go where the doctor leads is lacking in the true professional spirit. It may be where danger is to be faced in the form of infectious or contagious disease, but there your duty lies. If you fail here, you betray the trust reposed in you by your instructors and best friends, the doctors. Educate yourselves to this state of mind, go fearlessly and willingly, and the danger is remote. The power of resistance is great where the heart and the soul are in the work. I cannot too strongly emphasize this point, for I fear that too many nurses have taken the opposite view of their duty.

"I suggest this as one of the topics for discussion at this meeting of the association. You owe it to the profession, who are always ready to assume all the responsibilities devolving upon them, and to whom you look for your support and protection; you owe it to the public, who receive trained nurses on the recommendations of the medical profession, and, lastly, you owe it to yourselves and your association of trained nurses, for you claim, and rightly, that you belong to a profession that aims to do benevolent work in the cause of humanity.

"There is more or less of prejudice against the trained nurse still existing in the community. It is in a measure due to the position assumed by individuals, and not by any means applicable to the class. Not a few of you lack tact and wisdom in your relation to the families in which you are employed. If you fail to adapt yourselves to the domestic environment, it is generally your fault. You are an employé of the household, and the family circle may or may not see fit to receive you as one of its members. So long as you are treated with all the consideration that your comfort demands, consistent with your rights and privileges, you cannot reasonably ask for more—be sure you take no less; where a family manifest a desire to do all they can to aid you, and grant you all these rights and privileges, and yet cannot do all that many others can, accept it in the spirit in which it is offered, and do not deem it derogatory to your calling to do all in your power to aid them, even if you are obliged to assume duties not legitimately belonging to your profession—show a willingness to contribute whatever seems necessary to bring your patient through successfully. The frailties and vanities of humanity oftentimes manifested by the ignorant and selfish may tax your patience to its utmost, but here is where your professional training must stand you far above it. "Be wise as serpents and harmless as doves."

The commercial side of your profession is one to be fairly considered by each and every one. You are honestly entitled to a compensation commensurate with the amount and character of the duty well performed, while at the same time you must, at times, be ready to do some portion of the charity work of which there is always so much in the world to be done. The poor we have with us always. In solving these various problems, bring to their discussion your best judgment and wisdom, trying, as far as possible, not to be biased by purely selfish considerations.

PHILADELPHIA.—The regular monthly meeting of the University of Pennsylvania Hospital Alumnae was held November 3 and proved to be one of the most interesting meetings ever called to order. Twenty-one members responded to the roll-call. A change of officers was made,—Miss Damm as first vice-president to succeed Miss Shackford, resigned; Miss Simpson as second vice-president. It was decided to have a bazaar for the benefit of the E. R. Fund before Xmas. A special meeting of the Ways and Means Committee was called for November 10 at the home of the treasurer, Mrs. Irwin. After animated discussions, the delegate, Miss Rudden, read an interesting report of the convention.

PHILADELPHIA.—The regular yearly meeting of the Medico-Chi. Hospital Alumnæ Association was held in the nurses' reception-room, Monday, November 3, at three P.M. The meeting was called to order by the president. There were ten members present and two new names enrolled, Mrs. Jones, *née* Culp, and Miss Helen Parker. The principal business on hand was the election of officers for the coming year, which resulted as follows: President, Miss Anna G. Davis; vice-president, Miss Laura Peanne; treasurer, Mrs. Mason, *née* Sollenberger, by reëlection; financial secretary, Miss Gertrude Gerhard; corresponding secretary, Mrs. J. W. Ritter, *née* McConeghy, reëlected. There was a notable feeling of genuine good-will and determination on the part of those present to make the association second to none. There were present at this meeting several of the older graduates. Mrs. Erisman, *née* Daly, formerly chief nurse of the Training-School, was among those present, also Mrs. Jones, *née* Culp, Miss Eva Love, and Miss Addie Mackereth. Miss Mackereth has lately returned from Uncle Sam's army in the Philippines. She entertained the members with glowing accounts of her various experiences since leaving this country nearly four years ago. On the whole, the meeting was very successful, both from a business and social standpoint.

BROOKLYN, N. Y.—The regular quarterly meeting of the Alumnæ Association of St. Mary's Training-School for Nurses, Brooklyn, was held October 6 at 90 Hewes Street. After the usual business meeting the members were invited to the dining-room, where a pleasant surprise awaited them, and a very enjoyable hour was spent.

TORONTO, CAN.—The third annual luncheon of the Alumnæ Association of Toronto General Hospital Training-School for Nurses took place at McConkey's on Friday, October 31, 1902, and was a most successful and enjoyable affair. The tables were prettily ornamented with chrysanthemums; the menu cards were printed in violet ink and tied with violet ribbon, the school color. Favors, consisting of small bunches of violets, were provided for each guest, being the gift of Mr. Paffard, whose wife is president of the association.

About seventy covers were laid, and the guests included Miss Snively, honorary president of the association; Miss McLeod, general superintendent of the Victorian Order of Nurses, Ottawa; Miss Patton, superintendent of Grace Hospital, Toronto; Miss Matheson, superintendent of the Isolation Hospital; Miss Eastwood, district superintendent of the Victorian Order of Nurses; Miss Davidson, of the School of Domestic Science; Dr. Helen Macmurchy and Dr. Jennie Gray, representing the medical profession; Mrs. Alfred Denison and Mrs. Blewett, the press, and a number of the graduating class of 1902.

There were also present many graduates of the school, each class from 1886 being represented, and all wore a purple badge with their class year and the present year inscribed on it in gold lettering. Mrs. Paffard, the president, in an admirable address, outlined the work of the association for the past year, calling attention to the fact that an excellent series of lectures had been delivered by the doctors, that interest had been well maintained, and that in cases of sickness graduate nurses of the Toronto General Hospital Training-School for Nurses were to be admitted to the hospital at half rates. She exhorted all graduates to become members of the association, and all schools were urged to form alumnae associations. The toasts were, "The King," responded to by singing the national anthem, followed by "Our Country," Miss Watson, of Hillcrest

Convalescent Home, responding; "Alma Mater," replied to by Miss Sharpe, superintendent of Woodstock Hospital; "Superintendents of Training-Schools," with a response from Miss Snively; "The Class of 1902," Miss Trismer; "Married Graduates," Mrs. Mallock; "The Nurse of the Future," Dr. Helen Macmurchy in an able speech; "The Medical Profession," Dr. Jennie Gray, and "The Press," Mrs. Blewett.

A very pleasant and inspiring reunion was brought to a close by singing "Auld Lang Syne."

SYRACUSE, N. Y.—The Alumnae Association of the Training-School for Nurses connected with the Hospital of the Good Shepherd held the regular meeting October 30 at the Nurses' Club, 1012 East Adams Street. Sixteen members were present. Reports of the meeting of the New York State Association at Rochester were given by Miss Eva Gardner, Miss Irene Johnson, and Mrs. Harvey D. Burrill. After discussion it was decided to apply for an alumnae membership in this association. The sentiment of our alumnae is heartily in favor of State registration for nurses and also in favor of placing such registration in the hands of competent nurses. The report of the Nurses' Club Committee showed that during the last five months, part of which was spent in organization, the club has furnished a home for fourteen nurses with board, room-rent, registry, and telephone service at very reasonable rates, and the cost to the association has been but eight hundred dollars more than has already been paid in for board and rent. The illness of two members was reported. Miss Sheehan is suffering an attack of pleurisy; Miss Ada Drinkwater, now resident nurse at St. John's School, Manlius, is ill with la grippe. Both are being cared for in the hospital. A vote of thanks was given the Smith & Powell Nursery Company for the gift of a tree for the grounds of the Training-School. Coffee and sandwiches were served at the close of the business meeting. Then everyone helped tie a comfort which the resident members of the club are making for Miss Belle Goodenough, one of their number, who is soon to be married and live in Chicago.

BOSTON, MASS.—The annual meeting of the Alumnae Association of the Boston and Massachusetts General Hospital Training-School for Nurses was held in the Thayer Library, October 28. The most important business to come before the meeting was the election of officers, and the appointing of a committee to consider how our meetings during the coming year could be made most profitable. A goodly number were present, and the social hour was very enjoyable.

BROOKLYN, N. Y.—The November meeting of the Alumnae Association of the Long Island College Hospital was held at the hospital on the 4th instant. After the usual business had been transacted, an animated and somewhat lengthy discussion took place in respect to the county organization in course of formation. A letter of condolence was ordered to be sent to the family of the late Miss F. Scovil, a member of the association, who had recently died. The meeting then listened to a deeply interesting paper from Miss Emma G. Brown descriptive of her trip through Great Britain during the summer, for which she was accorded a very hearty vote of thanks by those present.

NEW YORK.—The first regular meeting after the summer vacation of the Bellevue Alumnae was held at the Training-School, 426 East Twenty-sixth Street, on Thursday, October 16. The business meeting later adjourned to the newly built parlor of the Training-School, where a most enjoyable hour was spent in admiring the changes effected in the newly remodelled ground floor. The parlor particularly has just enough of the old features to make it doubly pleasant to those who cherish fond remembrances of their days in the old rooms and who would mourn a too sweeping change. All agreed the change to be most desirable, and many were the encomiums passed over the coffee-cups as the refreshments went their rounds.

BRIDGEPORT, CONN.—A delightful informal Hallowe'en party took place at the Nurses' Home, 1257 Fairfield Avenue. The home has been in existence about two years, and accommodates twenty graduate nurses. Much credit is due Miss Bartholomew for her successful management.

ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training-School for Nurses was held October 29, 1902, at 449 Main Street, and was well attended. A motion was made and carried that the association present a sterilizing apparatus to the new isolation infirmary which is being erected on the Training-School grounds, and a committee was appointed to inquire into the necessary details and instructed to purchase a suitable apparatus. It was decided that this association should not become an incorporated body for the present, and that the subject be indefinitely postponed till some future time when the association should be stronger. The election of officers then followed. President, Miss Grace Simonds; first vice-president, Miss S. Saunders; second vice-president, Miss M. E. Johnson; treasurer, Miss Margaret Squire; secretary, Miss B. M. Druge. The meeting then adjourned. Refreshments were served and a very pleasant social time followed.

BROOKLYN, N. Y.—The November meeting of the Brooklyn Hospital Alumnae Association was unusually well attended. Twenty-nine members were present, and five new members were added to the list. The treasurer reported that up to November 1 twenty-one dollars had been added to the general fund in response to an appeal made to the different members. The association wishes through THE AMERICAN JOURNAL OF NURSING to thank all who so promptly contributed to the fund for their hearty coöperation. A letter was read from Mrs. Rose, editor of the *Trained Nurse*, asking in behalf of the alumnae members who are subscribers that a report of the meetings be sent to that magazine. The question was voted upon favorably. The question of endowing a room in the hospital was again brought up and discussed, after which the meeting was adjourned until December 2.

NEW YORK.—The regular monthly meeting of the Alumnae Association of the New York Hospital Training-School was held in the lecture-room October 8. The attendance was not large, as many of the graduates had not yet returned to the city, but the meeting was one of interest, and much was accomplished towards organizing plans of work for the winter. Notice of the meeting of the State Federation of Women's Clubs, to be held in Brooklyn in November, was read, and our association being entitled to two delegates and two alternates,

Miss Twitchell and Miss McVean were appointed delegates and Miss Somerville and Miss Ida Sutliffe alternates. Invitations were read to the festival to be held in the Waldorf-Astoria under the auspices of the Women's Clubs for the establishment at a home for friendless young women, and from the West End Women's Republican Club to a reception to be given to Mrs. Benjamin B. Odell. The subject of continuing the assistance given last season to the maintenance of classes in music at the up-town Nurses' Settlement was discussed and the decision was unanimously in favor of continuing assistance. Business concluded and meeting adjourned.

ROCHESTER.—The annual meeting of the Rochester City Hospital Alumnae Association was held at the City Hospital October 14, at which the following officers were elected: President, Miss Helena Hascott; first vice-president, Miss L. Widman; second vice-president, Miss J. M. Wilson; recording secretary, Miss A. E. Kennedy; corresponding secretary, Miss Margaret McLaren; treasurer, Miss M. Mathews. There were twenty-two members present and three new members were elected.

MINNEAPOLIS, MINN.—The Graduate Nurses' Association of Hennepin County at Minneapolis, Minn., held its first annual meeting at Hennepin County Medical Library Rooms. Reports of the past year's work were read. The roll-call showed a membership of twenty-six, with many more applications to be considered. The officers for the ensuing year are: President, Miss Erdmann; vice-president, Miss Johnson; secretary, Mrs. Roberts; treasurer, Miss Coleman. A very interesting lecture-course has been prepared for the coming winter which promises to make it one of success.

BROOKLYN, N. Y.—The regular monthly meeting of the Methodist Episcopal Hospital Alumnae Association was held at the Methodist Episcopal Hospital October 8, 1902. The president, Miss Waterman, was in the chair. Nineteen members were present. The minutes of the last meeting were read and approved.

The motion to raise the dues from one dollar to two dollars was then considered and carried. As this motion had been on the table since April, it was a satisfaction to all to have it settled.

Miss Harriet Hynds, Class of 1900, died suddenly in July. Flowers were sent for the funeral, and it was moved that resolutions of sympathy be sent to Miss Hynds's family and to THE AMERICAN JOURNAL OF NURSING.

The names of Miss Hope and Miss Hartman were proposed for membership and referred to the Credential Committee.

Moved and carried that a letter of congratulation be sent to Miss Harding, who has recently become Mrs. William B. Leverich.

It was then stated that Miss Eva Hall had resigned her position as supervisor of the Methodist Episcopal Hospital Training-School in September. By request, the reason for her action was explained. It was at once decided to send a letter to the Board of Managers expressing the disapproval of the association of the course pursued by the Training-School Committee in the matter under consideration. It was also moved that a letter of sympathy and regret be sent to Miss Hall.

The meeting adjourned under great stress of feeling.

MRS. E. B. HUTCHINSON (*née* Miss Annie Fryar) has an important place on the programme of the Illinois Federation of Women's Clubs. Mrs. Hutchinson will present "Registration for Nurses," which the individual Women's Clubs of Illinois have already endorsed.

NEW YORK.—The course of lectures to be given at the League for Political Education under the auspices of New York members of the Associated Alumnae will be begun on Monday, January 3, 1903, at half-after three, and continued for twelve successive Mondays. Miss Adele M. Field, author of "A Political Primer of New York City and State" and "A Manual of Parliamentary Procedure," will give four lectures on "How Our Country is Governed." These lectures will cover the general principles of civil government and the practical methods by which the State, the city, and the nation are ruled. Miss Field's lectures will be followed by four lectures by Mr. Robert Erskine Ely, director of the League for Political Education, on "Social Problems and Solutions." The subjects of these lectures will be as follows: "The Industrial Revolution," "Trusts," "Trades Unions," "The Ideal Society." It is hoped that Mrs. Lucia G. Runkle will be able to deliver the four last lectures of the course on "History in the Making," a discussion of important movements and questions in contemporary politics. It would seem that not a nurse in or near the city but would wish to bring her associations into touch with the societies already at work on these all-important questions.

NEW YORK.—The first meeting of the season of 1902 of the Mt. Sinai Hospital Alumnae was held at the residence of Miss Switzer and was social in character, as, instead of the regular business meeting, it had been decided to give a "birthday party" for the alumnae. Invitations, together with little bags, were sent to every member and to friends of the society, asking them to contribute as many pennies as they wished towards a fund to endow a room for nurses in the new Mt. Sinai Hospital, and to bring the bags and have a social cup on November 6 from three until six o'clock. Most of the members were quite enthusiastic, and not only was a pleasant social afternoon enjoyed, but a good beginning was made for the "fund." The good work still goes on, and not a day passes but that a contribution is received, and it is hoped the required amount will be in hand when the hospital is ready for occupancy. Miss Elizabeth B. Chadwick, of 110 West Ninetieth Street, New York, is secretary and treasurer of the fund for the endowed room, and all further contributions should be sent to her.

BOSTON—NEW ENGLAND HOSPITAL TRAINING-SCHOOL ALUMNAE ASSOCIATION.—At this meeting Miss Elizabeth P. Smith, one of the graduates of the early days of the hospital, was enrolled. Miss Smith remembers Dr. Dimock and her teachings with gratitude and love. All were impressed with her earnestness in the welfare of the coming generation of nurses, and could not but feel how true her warning against the "pitfalls and snares" in drugs and stimulants. After hearing Miss Smith's talk, members of the St. Barnabas Guild fully realized Rule 5 in the individual life, and how necessary the religious life is to all. Miss Smith's twenty-three years of experience with patients and coworkers is certainly worth chronicling. Mrs. Abbott, of the Class of 1892, was also enrolled. Miss Flora McDonald was present. Miss McDonald has returned from the Johns

Hopkins Hospital Training-School, where she has been for two months. Miss Isabella Hall has accepted the office of treasurer conditionally. All moneys will be sent to the secretary until Miss Hall's return from New York.

PORTLAND, ME.—The annual meeting of the Nurses' Alumnæ Association of the Maine General Hospital Training-School was held Wednesday evening, November 5, in the committee-room at the hospital. The following officers for the ensuing year were chosen: President, Miss Sarah A. Lyons; vice-president, Miss Evelyn M. Osgood; secretary, Miss Lillian N. Brown; assistant secretary, Miss Annie S. Noyse; treasurer, Miss Maria Irish; Executive Committee—the above officers and one additional member, Mrs. C. H. Chase; Benefit Fund Committee—Miss Josephine McLaughlin, Miss Mary J. Graham, Miss Sarah I. Gunn. The past year has been the most successful since the association was organized. At the September meeting an amendment to the by-laws governing the benefit fund was passed which leaves it optional with members whether they subscribe to the fund or not.

CHICAGO.—The November meeting of the Illinois Training-School for Nurses was a large and interesting one. After the transaction of considerable business Miss Jane Addams, of Hull House, spoke on "Legislation of Child Labor and Compulsory Education." The talk, covering, as it did, subjects of such tremendous importance, but which, nevertheless, the best intentioned too often underestimate or overlook, was instructive and profitable in the highest degree. For the December meeting Mr. Ernest Bicknell, of the Bureau of Associated Charities, has been secured to speak on "Organized Charities."

THE library of the Young Woman's Christian Association, 7 East Fifteenth Street, New York, is anxious to complete its file of the *JOURNAL* by securing copies of October, November, and December, 1901, and January, 1902. Anyone having these numbers to dispose of should communicate with the librarian at the above address.

MARRIAGES

AT Brockville, Can., on September 23, Miss Eva Maria Ritchie to Mr. Francis Xavier Barrett, of Brooklyn, N. Y. Mrs. Barrett is a graduate of St. Mary's Training-School, Brooklyn, Class of 1901.

AT Wolf Island, Can., on September 30, Miss Agnes E. Staley to Dr. William Briggs Nichols, of New York. Mrs. Nichols is a graduate of St. Mary's Training-School, Brooklyn, N. Y., of the Class of 1901.

MR. AND MRS. JAMES S. WYTHE announce the marriage of their daughter, Dorothy A., University of Pennsylvania Hospital graduate, to Mr. C. Leon Lapp, Wednesday, October 22, 1902, in Camden, N. J. At home after November 1 at 120 North Eighth Street, Lebanon, Pa.

AT Rosedale, Toronto, Can., on Wednesday, September 24, Miss Norah Sale, Class of 1902, to Mr. Frank Newton Goble.

ON Wednesday, October 8, Miss Bertha Griffiths, Class of 1896, to Dr. John Vanus Fowler. Dr. and Mrs. Fowler will reside at 312 Grand Avenue.

OBITUARY

AT a meeting of the faculty of the New York Post-Graduate Medical School and Hospital, held on October 8, 1902, it was resolved that a committee be appointed to draft a minute in appreciation of the professional life and services of their late colleague, Professor A. M. Phelps. The committee subsequently made the following report, which was ordered to be sent to the medical journals for publication and to be spread upon the minutes of the faculty:

"In the death of Professor A. M. Phelps our school has lost a teacher and the medical profession is deprived of a member whose energy cleared the way for great progress in his field of work during the past twenty years. His was the spirit of the pioneer. Not content with things that have been done, but ever restless to find new vistas with new horizons, his single-hearted devotion to the development of what is best in orthopadic surgery led him to engage in a constant warfare of ideas. No matter whether the ideas were those of colleagues or his own, no matter whether he was right or wrong, his energy gave life to the subject and set men to thinking. It is such active lives as his that keep subjects alive, that keep men aroused, and lead them to their utmost, and when this is for no selfish end, but solely bent in the interest of science, we have a public benefactor whose usefulness exceeds that of the capitalist who gives his million of dollars to the most worthy charity. The capitalist gains his fortune through his guidance of the work of others, and the scientist adds to the total of the world's knowledge by stimulating others to follow in his lead of investigation, or to take long steps in progress at his suggestion. In the professions there is a tendency for men to fall asleep upon the soft pillows of consensus of opinion, but men like Dr. Phelps realize that consensus of opinion is often wrong because it represents the lines of least resistance, and he turned all sleepers out and made them uncomfortable until they had made their own new opinions. Dr. Phelps was impatient with those who were contented in their work, and as impatient with himself, for he realized that great fields for giving help to suffering fellow-men lay still undiscovered.

"According to human experience, greatness implies the possession of constructive motives, nobility of purpose, catholicity of view, erudition. Dr. Phelps's motives were always constructive; his ideals were of the noble sort that included no interest before the interest of the sufferer. His views were so comprehensive that he could not long remain a partisan in any field aside from that of definite knowledge. His learning was that of the man of alert conception and of trained memory. Dr. Phelps then was a great man, and his opponents are the ones who would say it, sooner than he himself would have acknowledged it.

"It was not in our school alone, nor in the city, nor in the State, nor in America that his talents were recognized, but wherever in the world men are engaged in studying the things that he studied, he gave direction to their methods and force to their efforts. An influence like that of Dr. Phelps is that of the wireless telegraph, sending through invisible ether an impulse that is felt and that meets sympathetic response in minds that vibrate in unison at all distances, an expenditure of energy that finds its kinetic in the development of new knowledge. Yet he was not the one to say that he was right, only that he wanted to be right and that he wanted others to be right.

"He was proud in his strength yet modest in the presence of those who

were stronger than he. Few knew this side of his character, but those of us who knew him best, knew how much of humility there was beneath his forceful bearing.

"And if we speak of Dr. Phelps as the surgeon, what shall we say of him as the citizen, as the friend, as the husband and father? Matters of public interest were matters with which he made himself conversant, and whether at home or abroad he formulated views of public affairs with a clearness of view that engaged the attention of statesmen. As a friend he was loyal almost to the point of weakness. His enjoyment of life and of his friends was that of a man whose spirit of camaraderie overlooked all failings. Beneath the stern exterior developed by men of his strength to resist external impressions there was a heart so kind and sympathetic that a tale of woe or a pathetic sight moved him as it would have moved a woman, and his kindly deeds in response to the impulse of a great and generous nature were unknown to the world at large because he considered it beneath the dignity of a man to show any side excepting the one that accomplishes things by force.

"Dr. Phelps has been taken from the home, from the profession, and from the world before his activities had reached their zenith, but the influence of such a life as his will last beyond the lives of those who felt his influence, and we his colleagues, sorrowing in his loss, exult in the privilege that we had in knowing him.

"ROBERT T. MORRIS,

"REYNOLD WEBB WILCOX,

"HENRY LING TAYLOR,

"Committee."



SEA-SICKNESS.—Dr. G. Castelli, of Washington, D. C., says in a letter to the *Medical Record*: "I wish to call attention to a communication concerning sea-sickness, which was received from the Italian Ambassador to the United States, and which I consider worthy of consideration. The text of the communication is as follows:

"MY DEAR DR. CASTELLI: Knowing that you are interested in the treatment of sea-sickness, I take pleasure in giving you my personal observations on the subject. After having found by experience that the only way not to suffer from sea-sickness was to lie in a horizontal position, I happened to notice that fixing my eyes upon a mirror while dressing (even when the sea was stormy) was sufficient to relieve the unpleasant sensations of sea-sickness. During my last ocean trip I tried this accidentally-discovered remedy, and always with good results. Take into consideration my observation and make it yours, if you think it may be of benefit to science." "MAYOR DES PLANCHES."

Dr. Castelli thinks sea-sickness is caused by the eye being obliged to adjust itself to a constantly changing horizon caused by the rolling and pitching of the ship. In looking in the mirror eyes and glass form one body, and the changing of horizons being reflected by a surface equal in every plane, the eye loses the consciousness of the different changes.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

ORGANIZATION NOTES

THE AUSTRALASIAN TRAINED NURSES' ASSOCIATION

THE members of the Australasian Association now number four hundred and fourteen, and the treasury shows a good balance.

The council of the association is struggling with the same educational problems which we have at home; the case of the small hospital is an unsettled one there as well as here. The last report says ". . . The arrangements (for the teaching of nurses) in many of the smaller hospitals are unsatisfactory, and the teaching is wanting both in regularity and system. . . . The council has found it necessary to refuse to recognize a number of hospitals as training-schools, in some cases because the number of beds and the general nature of the cases admitted did not furnish sufficient material on which to train nurses, and in others because the hospital authorities were unable to convince the council that the training would be carried out either systematically or efficiently."

The "Report," after further discussion of this point, says: "The council strongly recommends that in hospitals which are not recognized training-schools, trained nurses, paid at fair salaries, should alone be employed."

So are our problems everywhere alike!

THE ENGLISH SOCIETY FOR REGISTRATION OF NURSES

THIS society is working quietly but faithfully to educate the public, and the League of St. John's House Nurses at a recent meeting endorsed its aims and work and agreed to send a yearly subscription to the society for the furtherance of the cause of registration.

LETTERS

MISS KRUYSSE writes from Holland: "I am following with great interest all that is written in the JOURNAL of the curriculum in your training-schools, and it will-interest you, I think, to compare notes and to hear something of the curriculum of the Wilhelmina Hospital. Our great change takes place in May. At that time we take in the new nurses, and in addition a certain number to relieve those who are going on vacation.

"Our holidays are from May to October. The nurses have three weeks. Nineteen nurses go at the same time. So in May we get nineteen nurses in addition to our usual number.

"This system is working very well. We are never short now, and the new nurses have the advantage of being accustomed to the work, when the lectures begin in November. They do not lose any time, as they follow the whole course of lectures and are certificated after completing their three years.

"Of course, in November we have few or no vacancies, as we have to

decrease our number again when the holidays are over; that means we need not appoint new nurses for those who are leaving.

"The nurses come on a month's trial, which is prolonged to two or three months if necessary. We take in women of every class and denomination, but they must be gentle, of good character, and well taught.

"During the first winter they get lectures in anatomy, physiology, and bandaging, first aid and ambulance work, and surgical nursing, and first course of hints on general nursing and nursing ethics. During the second year, medical nursing, fever nursing, lectures on different organs and their diseases, eyes, ears, throat, nose, and second course of hints on general nursing and nursing ethics. Third year, lectures on foods and hygiene, instruments, preparatory classes for examination.

"The lectures on anatomy, physiology, and surgery are given by the surgeon; the lectures on medical and fever nursing, foods, and hygiene by the medical superintendent; hints on general nursing and nursing ethics by the matron.

"Preparatory classes for examination are held by both physicians. The instructors are not paid. Practical nursing is taught altogether in the wards, besides hospital economy as much as possible.

"Probationers do not have any responsibility.

"The nurses have the opportunity to spend their fourth year in the lying-in and gynaecological department, where lectures on the subject are given, and after completing the fourth year they can obtain a separate diploma for monthly nursing.

"A set of lectures on mental nursing is also given during the fourth winter to those nurses who have been working one year out of the three in the mental department, and who wish to get the certificate for mental nursing.

"The training runs as follows: Eight months male wards, surgical, medical, and children's ward; eight months female wards, surgical, medical, and children's ward; eight months fever training; twelve months mental nursing; total, thirty-six months, holidays included.

"After completion of this three years' course, examination and certificate for general nursing.

"Fourth year (not compulsory), lying-in and gynaecological department. Paying patients are also received, which offers an excellent preparation for private work.

"After completion of this course, examination and certificate for monthly nursing and also for mental nursing.

"The nurses receive at first a salary of forty dollars; after one and a half years, eighty dollars. Certificated nurses, if suitable, receive one hundred dollars. Head nurses receive a salary of from one hundred and twenty to two hundred and forty dollars. Board and laundry free for everybody.

"Nurses and probationers have one whole day off and one free evening once a week alternately. They are allowed to sleep out. Certificated nurses are allowed to go out after supper from seven-thirty to ten-thirty P.M. Probationers have this permission once a week, if they ask leave. Nurses are on duty eleven hours per day."

THE following extracts from a private letter from Mrs. Tsilka, Miss Stone's companion in captivity and a graduate of the Presbyterian Hospital of New York, give some details not mentioned in the magazine articles:

"Yes, we two women, Miss Stone and myself, and the wee *little* woman who

joined us later, went through fearful suffering while in bondage. I have wondered at the capacity of the human being for enduring misery. . . .

"As for nursing, I lost no chance, even among the brigands. The chief brigand fell one night and injured his ankle, so that he had to be carried. When I offered to give him all the help I could I never saw a brigand look so embarrassed and remorseful as did he. While I was douching the sprained ankle with hot and cold water, and especially when *massageing* it, he never looked once at me. In a week, with this treatment, he was able to walk a whole night with comfort. Though he never said 'thank you' to me (for that is not a brigand's way), I knew he was grateful, for he saved the life of my baby and me on more than one occasion. . . .

"Many of the brigands brought to me their wounded and pus fingers to treat and cure. I am sure that if they had been obliged to kill me they would have found it very hard work to do so, for they 'had learned to love me,' as a young fellow expressed himself. He was one for whom I treated four pus fingers. . . .

"KATERINA S. TSILKA."

[What a pretty little picture the above words show us, and what a fresh proof of the nurse's advantage in reaching the tender spot in the most hardened nature!]

ITEMS

THE UNIFORM OF THE QUEEN ALEXANDRA'S IMPERIAL NURSING SERVICE

In the "Regulations" lately published we find the following requirements for uniforms, and very attractive do they sound:

MATRON-IN-CHIEF

Gray uniform, faced with scarlet, and braided; scarlet cape.

PRINCIPAL MATRONS AND MATRONS

Annual.—One gray serge dress, two gray alpaca dresses, with scarlet cuffs; six muslin caps, six turned-down collars, six pairs turned-back cuffs, two scarlet capes, one gray bonnet.

Triennial.—One summer cloak, gray, with scarlet collar; one winter cloak, gray, with scarlet collar.

SISTERS

Annual.—One gray serge dress, three gray washing dresses, with two scarlet bands, one inch wide, on the cuff; six muslin caps, six turned-down collars, six pairs turned-back cuffs, two scarlet capes, one gray bonnet, eight aprons.

Triennial.—One summer cloak, one winter cloak.

STAFF NURSES

Annual.—One gray serge dress, three gray washing dresses, six muslin caps, six collars, six pairs turned-back cuffs, two scarlet capes, one gray bonnet, eight aprons.

Triennial.—One summer cloak, one winter cloak.

Helmets, or white sailor hats, with plain, distinctive ribbon bands, may be worn when serving in hot climates or in the country. Detailed particulars will be furnished by the matron-in-chief on application.

In uniform, ornaments are not to be worn.

Regulations as to the pay and pensions of the Military Nursing Service are as follows:

"The pay of Queen Alexandra's Imperial Military Nursing Service shall be as follows:

	Initial rate.		Annual increment.		Maximum.
	£	s.	£	s.	£
Matron-in-chief	250	0	10	0	300
Principal matron	150	0	5	0	180
Matron	70	0	5	0	120
Sister	37	10	2	10	50
Nurse	30	0	2	10	35

"A member of Queen Alexandra's Imperial Military Nursing Service may retire voluntarily on pension on attaining the age of fifty, and shall be compulsorily retired at the age of fifty-five.

"If pensioned on account of disability, one year of service in a tropical climate may count as two years towards pension.

"She shall be entitled to retire on pension after ten years' service if she is rendered unfit for hospital duty through disease or injury, certified by the regulated medical authority to have been caused by the service.

"She may at any time be required to retire on account of unfitness for the duties of her appointment, with such gratuity as she may be entitled to.

"The pension shall be calculated on the rate of pay at the time of retirement, and shall, after ten years' service, be thirty per cent. of such pay, with an additional two per cent. for each year of service in excess of ten up to a maximum of seventy per cent. of such pay.

"In any case of special devotion to duty a higher pension, not exceeding fifty pounds a year, may be granted.

"If disabled in the service, after five but under ten years' service, such rate of pension below that fixed above shall be granted as may be determined by our Secretary of State. If she has served for less than five years when disabled, she shall receive a gratuity, to be determined in like manner.

"A member of the Imperial Military Nursing Service retired owing to unfitness may, provided she has not been guilty of misconduct, be granted a gratuity of one month's pay for each year of service, if not otherwise entitled to a pension.

"In cases where a member of the Military Nursing Service is pensioned for a disability not permanently unfitting her for duty, the pension shall cease on the date when she again becomes fit for duty, unless there should then be no vacancy, in which case, should she be willing to continue her service, she may remain on pension for a period not exceeding one year, pending a vacancy.

"A member of the Military Nursing Service retiring without having previously obtained permission to do so shall forfeit all claim to pension or gratuity."

MISS MOLLETT's many friends, especially those who hold hospital positions, will greatly enjoy a characteristic and delightful little article over her name in the *British Journal of Nursing* for October 11, "Life's Little Worries: A Gossip," in which she reviews in life-like and gruesome array the various trials of a hospital matron. Easy for us to laugh who are no longer in hospitals. How far away and amusing they sound! But all hospital heads will shake in dismal sympathy and appreciation.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 7, 1902.

ARMISTEAD, AMANDA J., arrived on the Sherman October 8 from the Philippines; assigned to temporary duty at the General Hospital, Presidio, San Francisco, Cal.

Bartholomew, Annie M., arrived in San Francisco on the Sherman October 8 from the Philippines; assigned to temporary duty at the General Hospital, Presidio.

Brock, Sarah A., transferred from the First Reserve Hospital, Manila, P. I., to duty on the Sumner en route to the United States; sailed about October 5.

McEvoy, Anna E., recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Morgan, Irene A., arrived in San Francisco on the Sherman October 8 from the Philippines; assigned to temporary duty at the General Hospital, Presidio.

Perkin, Willessie M., arrived in San Francisco on the Sheridan October 31 from the Philippines; assigned to regular duty at the General Hospital, Presidio.

Smith, Stella, arrived in San Francisco on the Logan October 13 from the Philippines; assigned to temporary duty at the General Hospital, Presidio.

Sweet, Agnes, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Thomas, Elizabeth D., arrived in San Francisco on the Logan October 13 from the Philippines; assigned to temporary duty at the General Hospital, Presidio.

Underwood, Eleanor, recently arrived in the Philippines, assigned to duty at the First Reserve Hospital, Manila.

Weir, Mary Jane, transferred from the Military Hospital, Iloilo, P. I., to duty on the Sumner en route to the United States; sailed about October 5.

Whelpton, Sarah, arrived in San Francisco on the Sheridan October 31 from the Philippines; assigned to temporary duty at the General Hospital, Presidio.

Woods, Julia, chief nurse First Reserve Hospital, Manila, P. I., transferred to duty on the McClellan en route to the United States via Suez; sailed about October 5.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: I wonder why it is that more good nurses are not willing to take head-nurse positions in hospital wards? I am inclined to think a good deal of it is that nurses estimate the salaries given in these positions as too small to make it worth while. They are small, of course, yet I think many nurses do not go carefully enough into financial details to get a really sound notion of comparative values in salaries and income. The rates paid in private duty seem alluring, yet the sound economist estimates a salary *not* by what it is for a day or week or month, but by what it is in a *year*. Few nurses think as far ahead as this in money matters.

A nurse at private duty must keep her room, at about ten dollars a month, and must spend considerably more on clothes than one in hospital position. Then, she never knows how irregular her work will be.

The hospital nurse gets, in her board and laundry, at least the equivalent of twenty-five dollars a month, which other self-supporting women have to pay out of salaries. It sounds larger to say you have a salary of fifty or sixty dollars a month, yet the hospital nurse who gets twenty-five to thirty-five with no expenses is getting the same as the woman who has the larger sum and has to board and lodge herself.

Another important factor in the net income for a year is found in moving about as compared with remaining in one place for a length of time. Staying quietly in one place for a few years means saving money; moving about, changing positions, getting different kinds of outfits for new kinds of work,—all mean extra expenditure, and reduce the nurse's net balance. Some kinds of work which have attached to them very attractive salaries bring with them conditions, responsibilities, and duties which compel a large outlay of money in order to meet the necessities of the life. Thus, a number of circumstances need to be considered in taking up work, and it is a great pity that more women do not regard with favor the head-nurseship of a ward. The position is dignified, the work attractive, the opportunities for good are unlimited. The head nurse may reap confidence, love, and high esteem in her position; may take an important part in training others, and need not lose entirely her hold on the world outside. In the English hospitals one finds head nurses retaining their wards for years, and the atmosphere is charged with the motherly and home-making personality. The American nurse might well be less of a nomad and more of a home-maker.

EX-HOSPITAL NURSE.

DEAR EDITOR: I would like to suggest that the different State societies keep in mind two practical points for their State laws.

First, the desirability of all adopting the same title, as the confusion may be easily imagined should each State adopt a different title for the trained and registered nurse.

Second, the avoidance of future trouble by arranging reciprocity clauses

which will provide that registration in one State is accepted in all the others, thus doing away with complications for the nurse who is registered in one State and goes to work in another.

L. L. DOCK,

Trustee, N. Y. S. N. A.

DEAR EDITOR: A little boy in this institution having the word "patient" to define wrote, "A patient is a person suffering from meekness and submission." I am very much interested in the JOURNAL and enjoy it thoroughly. Hoping it will continue its successful career, and thanking you for the work you are doing,

I am yours sincerely,

A SUBSCRIBER,
State School for Weak-minded Youth, Columbus, O.

DEAR EDITOR: I fully corroborate Miss Strum's article in October JOURNAL OF NURSING. A graduate of a small school receives a superior *individual* training, which it is utterly impossible to give the nurse training in a large school. She comes in direct touch with the directress, who has an opportunity to weed out the inferior nurses, giving a superior class of nurses graduating from the small training-schools. The larger schools training a large number of nurses, the nurse very seldom—if ever—comes in direct touch with the directress. This gives ample opportunity for a slack, careless nurse to slide through the school. The increased number of small general hospitals in small towns during the past ten years, and the successful nurses these schools turn out each year, demonstrates most forcibly that the small general hospital is a decided success.

E. Z. FOELKER.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



EDITORIAL COMMENT



A WORD TO HOSPITAL NURSES

WE feel very strongly that our JOURNAL lacks items and short papers on new nursing methods. We find it difficult to keep in touch with the changes in treatment of the acute diseases, the changes in technique in operative procedures, the latest remedies in the treatment of shock, and so on. All of such information we look to the hospitals for, and we depend upon the nurses in hospitals to provide. These nurses are saying, especially the very young ones,—“We are not interested in what is going on in other countries. We do not care about organization and registration. We are tired of so much ancient history. What do we care about how things were done twenty-five years ago? We want something interesting and we want something new,”—and our reply can only be: We of the outside world want you to learn by our hard experience. We want you to know the efforts of nurses in other countries who are striving for the advancement of nursing interests, that you may appreciate the greater blessings of our free land. We want you to be ready to take your place in organization work when you join our ranks. We want you to be recognized as members of an honorable profession, to which registration opens the way. We want you, through what history tells you, to appreciate the better conditions under which you are being trained, if you are in a good school, and we want you to know that through the efforts of nurses you have better living accommodations, better food, and shorter hours in your training days than those of the olden times, and to realize that as members of a great army you have taken upon yourselves obligations that you cannot conscientiously escape.

We of the outside look to you for the *new* things. We want to know what new methods of nursing you are being taught to meet the requirements of the advance in medical science. We know that in the leading hospitals all over the country every year brings changes, which the nurses of the outside know nothing about unless you will tell them.

A CHRISTMAS OFFERING

WE ask you now at this Christmas season to remember your profession in all its needs and to aid the women who are doing so much for its uplifting by contributing one small effort to the cause. It may be only by giving the encouragement of your presence at a meeting, or by speaking a word in season to some one of influence politically or socially in the cause of registration. It may be only by sending some little item of practical use to those far from the nursing centres, who have only the JOURNAL through which to keep in touch with nursing interests. It may be by writing a paper if your talent lies that way, or by speaking before a woman's club if the opportunity offers. There are a thousand ways that you will think of if you will concentrate your mind upon the subject for an occasional half hour, and then do not forget that the very best Christmas gift that you can send to your friends at home or at a distance is a subscription for a year for the JOURNAL that represents the interests of the nurses of America, that represents your chosen life-work, with which you are

proud to have them keep in touch. At this time, when the spirit of giving is in all hearts, do not forget the profession that calls to you for help.

"A PERFECTLY GOOD NURSE SPOILED"

MR. JACOB REES in one of his lectures tells the following story, which we give without his graphic setting. A little girl, a kitten, and a puppy were in the habit of playing together in a sand-heap. The puppy was very fond of burying the kitten in the sand, but always the child came to the rescue before harm was done. Finally, one day the little girl was not at hand, the kitten was buried, and for want of help in time smothered. When the child discovered that the kitten was dead, she rushed with it in her arms into the house, threw it down at her mother's feet, and with blazing eyes exclaimed, "Look, mamma, a perfectly good cat spoiled." Mr. Rees used this illustration to show that with the children of the slums, for want of help at the right moment, a perfectly good child might be spoiled, becoming dependent or criminal, as the case may be.

Mrs. Kinney's little paper brings the story to our mind in connection with the "perfectly good nurses" who are "spoiled" by having selected ignorantly a poor school. All of the points that Mrs. Kinney presents so ably will be remedied to some degree by registration. In New York State the great point to be gained will be that all of the training-schools will be placed under the supervision of the Regents. Dr. Ely and Father Hendricks made the *method* clear in their addresses before the State society in Rochester, to be found on another page, which should be studied carefully by our readers.

THE TREND OF OPINION

THESE addresses and the letters from medical societies that are included in the secretary's report are especially valuable at this time, showing, as they do, the trend of public opinion as expressed by Father Hendricks, and of medical opinion as expressed by Dr. Ely and in the letters from the Medical Association. Certainly the nurses of New York are justified in feeling confident of the support of the more highly intelligent citizens of the State, but politics are an uncertain quantity with which to deal, and even if the bill is defeated the first time it is presented to the Legislature, success will come later, when the full value of registration to the public is more widely understood and appreciated.

The bill, given also in this number, of the Illinois State Association of Graduate Nurses is intensely interesting to the nurses of other States, as showing in detail more of the working machinery of registration. In these details every State will differ, according to the laws that govern education and the regulation of the professions.

In New York, for instance, the machinery of the laws governing examinations and registration are so firmly established that it was found unnecessary to give the details in the bill to be presented to the Legislature.

If the nurses of New Jersey, Virginia, and North Carolina can get ready to present their bills this winter, and more publicity can be given to the subject of registration in these five States, even if not one bill is passed, the educational enlightenment which the effort will bring to the public will be of inestimable value. A thing that is worth having is worth working for. Opposition is the most valuable form of advertising that any cause can have, and when that begins to come, we may feel sure that our efforts are beginning to be felt—so, instead of fearing opposition, we may welcome it as a means to an end.

THE points in Miss Dock's letter are well taken. A title to be of value must be universal, and where nurses move about so constantly some system of reciprocity is absolutely necessary, and will naturally be provided for us as soon as more than one State secures registration. In the meantime we should be thinking about it.

IMPORTANT TO CONTRIBUTORS

WE must again ask our contributors to send their copy earlier in the month. Original articles, lengthy reports, or long letters must be in the hands of the Editor-in-Chief on the first of the month preceding the date of issue. Long articles cannot always be given space immediately. The variety of subjects necessary to make the JOURNAL interesting as a whole must be the first consideration in making up a number; neither must too much space in any one issue be given to the graduates of one school or the nurses of one city. With our field widening every month, these points become more and more important in considering the broad general usefulness of our magazine, and in this we ask the aid of those who are assisting its development by requesting them to send their copy earlier.

The departments of "Official Reports" and "Training-School Notes" remain open until the fifteenth of the month, but that means that the material must be in hands of the Editor-in-Chief on that date, not mailed on the fifteenth in San Francisco. But even in these departments long items or reports of several hundred words should be sent within the first week of the month.

MUST GIVE STREET ADDRESS

No material of any kind will be recognized hereafter that is not accompanied by a note containing the name and *street address in full of the sender*. This is not for publication, but as an indication of willingness on the part of the writer to be known to the editor and to reply to any questions that she may desire to ask in connection with the subject presented.

The editor writes scores of letters every day, and it is not only an annoyance, but a great loss of time for her to have to stop and look up an address in the alumnae list because the writer has neglected to properly date her letter. When an address is given as simply "New York," "Boston," "Chicago," or "Pittsburg," the editor can only infer that the writer is not willing to be known.

The pages of this JOURNAL cannot be used for anonymous communications of any kind.



